

WESTMINSTER SEMINARY CALIFORNIA :: Office of Admissions

1725 Bear Valley Parkway, Escondido, California 92027-4128
888/480.8474 :: FAX 760/480.0252 :: www.wscal.edu

TO APPLICANT :: Please complete this section and review the notice and waiver carefully before providing the form to the individual completing the reference.

NAME OF APPLICANT (LAST) _____ (FIRST) _____ (MIDDLE) _____

CURRENT MAILING ADDRESS _____

PHONE NUMBER _____ E-MAIL _____

NOTICE: The Family Educational Rights and Privacy Act of 1974, as Amended, grants all students the right to inspect and review all of their official educational records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver. Signing the waiver below is not a condition of admission.

WAIVER: I, the undersigned, hereby voluntarily waive any right or privilege provided by The Family Educational Rights and Privacy Act of 1974, as Amended, to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

SIGNATURE _____ DATE _____

TO PERSON WRITING THE REFERENCE

The applicant above has given your name as a professor acquainted with his/her academic work and is applying for admission to Westminster Seminary California, a regionally accredited professional graduate school which strives to equip men and women for various forms of Christian ministry. We would appreciate your frank estimate of the applicant's personality and character in light of his/her desire to pursue a course of theological study. Please note the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, as listed above. Although the applicant may voluntarily waive the right to review this recommendation, it is hoped that a spirit of openness and candor will exist between the applicant and the reference regarding the contents of this recommendation.

Please mail this form directly to the Office of Admissions at the above address.

1) How long and how well have you known the applicant? In how many courses was he/she enrolled? What type of course(s) (seminar, lecture, lab)?

2) Of the approximately _____ (number) students you have taught in the last _____ (number) years, how would you rate this individual's academic ability? *Please circle one.*

TOP 10%

TOP 25%

2nd 25%

3rd 25%

Last 25%

- 3) In the work he/she has done for you, how would you characterize his/her...
Please circle appropriate description.

| | | | | | |
|--------------------------|---|------------------------------------|--|----------------------------------|--|
| Reasoning Ability | independent, discerning, cogent generally competent in evaluating evidence and inferences uncritical, illogical, dependent, prejudicial not observed | Writing | lucid and organized understandable obscure, disorganized not observed | Attendance in Classes | regular occasional cut or miss frequently absent not observed |
| Research Work | comprehensive, thorough, detailed general but adequate shallow not observed | Preparation for Classes | beyond expectation the expected less than expected not observed | | |

- 4) Please make a brief statement of your evaluation of the applicant. We are interested in his/her character, industry, intelligence, originality, and other pertinent information.

- 5) How would you rate his/her potential for graduate study? *Please circle one.*

EXCELLENT GOOD FAIR POOR

- 6) If you have reservations regarding this applicant's potential for graduate studies, please explain:

| | |
|-----------------|--------------------|
| SIGNATURE | DATE |
| NAME | POSITION |
| DEPARTMENT | COLLEGE/UNIVERSITY |
| MAILING ADDRESS | |
| PHONE NUMBER | E-MAIL |

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