



EPISCOPAL DIVINITY SCHOOL
99 Brattle Street, Cambridge, MA 02138 – Tel. 617-868-3450

LETTER OF RECOMMENDATION FORM
Doctor of Ministry (DMin) Program

(Sections 1 & 2 should be filled out by the applicant; Section 3 by the recommender)

1.) Name of applicant: _____

Address of applicant: _____

Phone number and e-mail of applicant: _____

2.) TO THE APPLICANT: The Educational Rights and Privacy Act as amended allows a candidate for admission to waive any right which the candidate may have to review confidential letters or statements written on his or her behalf, if the recommendations are used solely for the purposes for which they were originally intended. The Episcopal Divinity School does not require that you make such a waiver as a condition of admission or financial aid. Under legislation, you are free to choose whether or not to make such a waiver.

(Please check, date, and sign one of the following statements)

☐ I hereby waive any right, which I may otherwise have to review this recommendation. I authorize the person whose name I have printed below to provide a candid evaluation and all relevant information to the Episcopal Divinity School.

Date: _____ Signature: _____

☐ I do not waive any right, which I may otherwise have to review this recommendation. I authorize the person whose name I have printed below to provide a candid evaluation and all relevant information to the Episcopal Divinity School.

Date: _____ Signature: _____

3.) TO THE PERSON MAKING THE RECOMMENDATION: The Doctor of Ministry Program leads to an advanced professional degree in ministry. It combines study in the classical areas of theological inquiry with disciplined theological reflection on experience in ministry. Persons who are admitted to the program must be able to identify their interests and needs for intellectual and professional development to create a plan of study, to take responsibility for their own learning, and to make use of available resources. We would appreciate a statement from you concerning the applicant named above, frankly evaluating his/her abilities, aptitude, strengths and limitations in relation to the Doctor of Ministry Program.

(Please attach a separate sheet, on letterhead if possible.)

Name of person making recommendation: _____

Phone number and e-mail of person making recommendation: _____

Relationship to applicant: _____

Date: _____ Signature: _____

**PLEASE PLACE THIS FORM AND YOUR RECOMMENDATION IN AN ENVELOPE, SEAL IT,
SIGN ACROSS THE SEAL, AND SEND TO THE ADMISSIONS OFFICE.
WE REGRET THAT WE CANNOT ACCEPT RECOMMENDATIONS VIA FAX OR E-MAIL.**