## **ACADEMIC REFERENCE**

## PLEASE RETURN FORM TO:

Admissions Office | Concordia Seminary | 801 Seminary Pl. | St. Louis, MO 63105 | 314-505-7222

THIS PORTION TO BE COMPLETED BY APPLICANT								
NAME:								
	Last		First			Middle/Ma	aiden	
ADDRESS:								
		Street				Apt/P.O. I	3ox #	
				]	ELEPHONE N	UMBER:		
City	State	ZIP	Country			-		
ANTICIPATED P	PROGRAM OF STUDY:	PhD Area of Conce	entration (PhD	only)	STM Major (STM/MA Minor (STM/MA		☐ MA	
inspect and review	ne Family Education Rights their official educational re The following waiver is vol	ecords, student	s may waive t	heir right	to see specific c	onfidentia		
☐ I waive my right to examine this recommendation ☐ I do not waive my right to examine this recommendation								
Applicant's Signature	Date		Applicant's	s Signature		Date		_
NAME OF REFE	RENCE:							
	KEIVEE.		(	(Print)				
	THIS PORT	ION TO RE	COMPLET	TED RY	RECOMME	NDER		
provision of the Fa the contents of thi will be used only applicant's abilitie us to know. Thank	ned above is applying for a amily Education Rights an are recommendation, unless by those individuals who a as as related to academics, a you for your time in this	d Privacy Acta that right to do are involved we but you are en	s of 1974 as in o so has been ith the application	ndicated waived a ant's acad nclude ar	above, which give above. This refer demic records. We may comments that	ves the ap ence will ve are pri	plicant the be kept in marily into	e right to review a confidence and erested in the
1. How long have	you known the applicant?							
How well?  \buildrel{\biildrel{\buildrel{\biildrel{\buildrel{\biildrel{\buildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\biildrel{\bii}\biidrel{\biii}\biildre\biidrel{\biii}\biidrel{\biii}\biidrel{\biii}\biidrel\biidrel{\biii}\biidrel\biidrel{\biii}\biidrel\biidrel{\biii}\biidrel\biidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiidrel{\biiiidre\biiidre\biiidre\biidrel{	ery well	Casually Casually	y Not we	ell				
In what capacity?								
2. How would you	assess the applicant in the	_						
Ability to analyze pr Ability to communic Ability to communic Ability to communic Ability to think and Interpersonal skills Self-discipline Maturity Initiative	at complex issues and interact with other opinions roblems and formulate solution cate own opinion cate through writing cate orally	S	t Observed	Wea	k Average	G [ [ [ [ [ [ [		Outstanding

3. Is there anything that you believe would hinder in any way the applic program of study?	cant's ability to satisfactorily complete the desired
4. Please provide us with a statement concerning the applicant's strengt	ths and weaknesses, both academic and personal.
Use a separate page if necessary.	
5. SUMMARY RECOMMENDATION	
☐ Highly recommend ☐ Recommend ☐ Recommend with re-	servations
SIGNATURE	NAME (PRINT)
TITLE	INSTITUTION
ADDRESS	
PHONE	EMAIL
	DATE