



Send all information directly to:

Office of Enrollment
Moravian Theological Seminary
1200 Main Street • Bethlehem, PA 18018-6650
seminary@moravian.edu
Fax: 610-861-1569

CONFIDENTIAL INFORMATION:

Reference Forms are used solely by the Admissions Committee for the purpose of determining a decision of admissions for the applicant. Upon the Committee's decision, Reference Forms are destroyed and do not become part of the student's educational file.

TO BE COMPLETED BY THE APPLICANT

Name of Applicant _____ Degree Program _____

Name of Reference _____

Relationship to Applicant: [] Vocational Mentor/Pastor* [] Professor** [] Character Reference [] Spiritual Director***

- * required for MDiv candidates
** if professor unavailable, supervisor or employer acceptable
*** for Spiritual Direction Certificate candidates ONLY

To the applicant: To comply with the Federal Education Rights and Privacy Act of 1974, we provide the following waiver pertaining to your access to reference forms. You may waive your right to access reference forms by signing below. Should you choose not to waive this right, you will have access to the reference forms only if you enroll at Moravian Theological Seminary.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY THE REFERENCE

1. How well do you know the applicant? [] Not very well [] Rather well [] Very well

2. Please rate this applicant on the following:

Table with 7 columns: Exceptional, Very Good, Able, Adequate, Doubtful, Not Known. Rows include Academic ability, Student's suitability for professional role, Leadership ability, Interpersonal skills, and Personal integrity & ethical behavior.

PLEASE ATTACH A SEPARATE PAGE TO ANSWER THE FOLLOWING QUESTIONS:

- 3. What are the intellectual, spiritual and personal qualities this person exhibits that indicate future success in academic study of the proposed degree or certificate program? Please be specific.
4. Do you have any reservations about this person's ability to do graduate work or to function effectively in their chosen role? Please comment.
5. How well suited is the applicant to work in the area of academic interest indicated by the proposed degree or certificate program?

Signature _____ Date _____

Address _____

Daytime phone _____ Position _____

***Spiritual Directors: please indicate where you received training _____

Thank you for your time and thought. Please return this form to the Office of Enrollment as soon as possible.