



## LETTER OF RECOMMENDATION

**Applicant:** Provide each recommender with a stamped envelope addressed to Office of Admissions, Franciscan School of Theology, 4050 Mission Avenue, Oceanside, CA 92057. Recommenders may also choose to send their letters via email to admissions@fst.edu.

TO BE COMPLETED BY APPLICANT			
APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL	
PHONE	EMAIL		
APPLYING FOR:	DEGREE PROGRAM	SEMESTER / YEAR	
<p>I, _____, am applying for admission to the Franciscan School of Theology. In accordance with Federal Law, the applicant can waive his/her right to view this recommendation.</p> <p><input type="checkbox"/> I waive the right to have access to this letter of recommendation.</p> <p><input type="checkbox"/> I do not waive the right to have access to this letter of recommendation.</p>			
SIGNATURE OF APPLICANT			DATE: MONTH / DAY / YEAR

TO BE COMPLETED BY RECOMMENDER			
RECOMMENDER LAST NAME	FIRST	MIDDLE INITIAL	
COMPANY / INSTITUTION		TITLE	
STREET			
CITY	STATE	ZIP/CITY CODE	COUNTRY IF NOT USA
PHONE	EMAIL		
Type of Recommendation: <input type="checkbox"/> Ministerial <input type="checkbox"/> Academic			
How long have you known the Applicant? _____			
In what capacity have you known the Applicant? _____			
<p>Attach a letter stating your assessment of the applicant's capacity for graduate work in theology and/or potential for ministerial leadership. Give both assets and liabilities, and indicate how the applicant compares with other graduate students and/or ministerial leaders you have known.</p>			
SIGNATURE OF RECOMMENDER			DATE: MONTH / DAY / YEAR

<b>RETURN TO</b>	Office of Admissions, Franciscan School of Theology, 4050 Mission Avenue, Oceanside, CA 92057, or send via email to admissions@fst.edu.
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