A LETTER OF RECOMMENDATION

TO: References for Applicants to Christian Theological Seminary

Christian Theological Seminary is a graduate, professional, ecumenical school sponsored by the Christian Church (Disciples of Christ). Its major purpose is to educate men and women for careers in the church—ministers, educators, musicians, missionaries and counselors. A second purpose is to provide programs of graduate study of religion and religiously-inspired humanitarian service for those who do not expect to seek ordination or other church-based professional certification.

As part of the application process, each prospective student must request four persons to write brief letters of evaluation which the seminary can use in its attempt to appraise the applicant’s readiness to study at CTS. As a person selected by the applicant, we are interested in your candid evaluation of that individual. At whatever point or points you have experience of the applicant, we ask you to describe that experience and to provide an evaluation of the applicant.

What you tell us is only for the use of the seminary’s admissions personnel and committee. If the applicant approves the waiver below, he or she waives the right to see what you write. If the applicant does not approve the waiver, then he or she may, upon request, see your reference letter. If neither box is marked, you may assume a waiver is not granted (and thus is non-confidential).

Thank you for taking the time to prepare your letter of evaluation and for sending it to us. It is a crucial part of our admissions process and one which we take seriously.

Please address your letter of recommendation to:
Office of Student Services,
Christian Theological Seminary
1000 W. 42nd St.
Indianapolis, IN 46208

Candidate’s Full Name: ____________________________________________________________

First                     Middle                       Last

Name of Reference: ________________________________

In accordance with the Family Education Rights & Privacy Act of 1974:
☐ I WAIVE my right to review this evaluation (confidential evaluation).
☐ I DO NOT WAIVE my right to review this evaluation (non-confidential evaluation).

Candidate’s signature_________________________________________ Date___________________
A LETTER OF EVALUATION

Name of applicant: ________________________________________________________________

Christian Theological Seminary degree for which application is being made:

_ M.A. Marriage & Family Therapy  _ M.Div/M.A. Marriage & Family Therapy
_ M.A. Mental Health Counseling  _ M.Div/M.A. Mental Health Counseling
_ Master of Theological Studies  _ M.Div/Master of Theological Studies
_ Master of Divinity  _ Doctor of Ministry in Psychotherapy & Faith
_ Doctor of Ministry in Pastoral Care  _ Doctor of Ministry in Marriage & Family Therapy

Please write a brief letter concerning the applicant, giving attention, where possible, to the items mentioned below (you may attach additional pages):

A. The length of time you have known the applicant.
B. The capacity in which you have known the applicant.
C. Your estimate of the applicant’s ability to do acceptable graduate work.
D. An appraisal of the applicant’s readiness to prepare for religious leadership (if this is the applicant's intent).

Candidate’s signature__________________________________________ Date______________

Please print or type:

Name: ____________________________ Position:___________________

Address: ______________________________________________________________________

Phone: (________) ___________________

Thank you for your assistance. Please return this letter of evaluation to:
Office of Student Services,
Christian Theological Seminary
1000 W. 42nd St.
Indianapolis, IN 46208