



# SHILOH UNIVERSITY

## RECOMMENDATION FOR ADMISSION

100 Shiloh Drive  
Kalona, IA 52247  
(319) 656-2447 – Phone  
(319) 656-2448 – Fax  
admissions@shilohuniversity.edu

**Obtain recommendations from:**

- **Pastor**
- **Church member**
- **Teacher or Counselor** - *(if attended school within the past year)*

Course of Study (check one)
B.A. in Biblical and Pastoral Studies
M.A. in Biblical and Pastoral Studies
Master of Divinity
Nondegree Undergraduate
Nondegree Graduate

**To be completed by applicant:**

Notice: In compliance with the Family Education Rights and Privacy Act passed by Congress in 1974, this letter of recommendation cannot be considered by this institution as “confidential” without the prior written consent of the applicant. Unless the applicant waives the right to examine this document below, it will be made available to the applicant, upon proper written request, as part of the applicant’s official admission file.

\_\_\_\_\_  
Applicants full name (Please print)

**Applicant must check one box**

I waive  I do not waive  my right to examine at any future time this letter of recommendation, which I understand will become part of my admission file and the Shiloh University.

\_\_\_\_\_  
Applicant’s signature (**Mandatory**)

\_\_\_\_\_  
Date

**To be completed by Recommender (check one)**    \_\_\_ **Pastor**    \_\_\_ **Church member**    \_\_\_ **Teacher/Counselor**

Recommender’s name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Years you’ve known applicant: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

**For the following circle Yes, No or N/A. Select N/A if you don’t know this about the applicant.**

- |   |     |    |     |
|---|-----|----|-----|
| 1. Do you recommend the applicant for admission?  | Yes | No | N/A |
| 2. Do you believe the applicant is academically proficient enough for success in their selected program?    | Yes | No | N/A |
| 3. Do you believe the applicant will be financially able to complete their selected program?                | Yes | No | N/A |
| 4. Do you believe the applicant will be able to make the necessary time commitment to their studies?        | Yes | No | N/A |
| 5. Is the applicant competent and efficient in a professional capacity?                                     | Yes | No | N/A |
| 6. Does the applicant have any ministry or personal goals that would be furthered by their studies with us? | Yes | No | N/A |

Feel free to attach additional comments to this recommendation form, in particular providing an explanation for any items marked *No*.

\_\_\_\_\_  
**Recommender’s Signature**

\_\_\_\_\_  
**Date**

**If returning a recommendation to an applicant for submission with his/her application, place in a sealed envelope and sign your name across the back. Or mail to: Admissions, Shiloh University, 100 Shiloh Drive, Kalona, IA 52247.**

*Shiloh University admits qualified students without regard to race, color, gender, national or ethnic origin, age, marital status, or disability.*