



SHILOH UNIVERSITY

RECOMMENDATION FOR ADMISSION

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

Doctor of Ministry applicants must submit two recommendations from 1) an overseeing pastor, ministry supervisor, board member, or someone in a similar position of authority (if applicant has one) and 2) a ministry peer or knowledgeable lay leader.

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.

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 full name (printed)

Date

Applicant’s signature (**Mandatory**)

To be completed by Recommender: (demographic info, recommendation, and ratings)

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 |

On a separate document, please comment on the applicant’s ministerial effectiveness and competence. Evaluate his/her potential for leadership, character strengths or weaknesses that you perceive, and his/her relationships in the home and community. Feel free to include additional comments with your recommendation, in particular providing an explanation for any items marked *No* above.

Recommender’s Signature

Date

Mail completed form to: Admissions, Shiloh University, 100 Shiloh Drive, Kalona, IA 52247. Or, 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.

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

Last Revised 05/31/2017