



**UNIVERSITY OF
DUBUQUE
THEOLOGICAL
SEMINARY**

The Office of Admissions
University of Dubuque Theological Seminary
2000 University Avenue, Dubuque, IA 52001
800.369.8387 | <http://udts.dbq.edu> | udtsadms@dbq.edu

Letter of Reference – Pastor

To be completed by the Applicant

Name of Applicant _____

I am asking _____ to write a letter of reference for me.

I am applying for the _____ degree program.

Statement of Waiver

I. 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 provides below a written waiver of the right to examine this document, it will be made available to the applicant, upon proper written request, as part of the applicant’s official admission file.

II. Waiver. I, _____, hereby waive my right to examine at any future time this letter of recommendation, which I understand will become part of my admission file at the University of Dubuque.

Dated this _____ day of _____, 20_____

Applicant’s signature _____

Your reference letter should be attached to this document. Please comment on as many of the areas below as possible. Refer to specific gifts and limitations rather than simply praising the applicant.

•How long and in what capacity have you known the applicant?

•We would appreciate your comments on the overall maturity of the applicant. How do you view the applicant emotionally, intellectually, and spiritually?

•Describe the applicant’s academic ability, and intellectual enthusiasm, curiosity and perceptiveness as these qualities relate to graduate studies in theology.

•Also comment on the applicant’s commitment to Christ and the church, and sense of purpose, leadership ability, relational ability and sense of self. Note strengths as well as areas where further growth would be helpful to the applicant in ministry.

•Finally, please comment on the applicant’s candidacy status in your denomination.

Signed _____ Date _____

Name _____ Position _____
Please type or print

Address _____ Zip Code _____

If you would like to make additional comments beyond those you have provided here, please feel free to call the Director of Admissions at 1.800.369.8387.

It is the policy of University of Dubuque Theological Seminary to actively support equality of opportunity for all persons, and not to discriminate on the basis of race, sex, age, color, national and ethnic origin, handicap, veteran status, an, where applicable, religion, in the administration of admission, employment, and educational policies of scholarship, loan, athletic, and other school-administered programs.

Please return to the Office of Admissions

University of Dubuque Theological Seminary, 2000 University Avenue, Dubuque, IA52001. Fax 563.589.3110



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Letter of Reference – Professor

To be completed by the Applicant

Name of Applicant _____

I am asking _____ to write a letter of reference for me.

I am applying for the _____ degree program.

Statement of Waiver

III. 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 provides below a written waiver of the right to examine this document, it will be made available to the applicant, upon proper written request, as part of the applicant’s official admission file.

IV. Waiver. I, _____, hereby waive my right to examine at any future time this letter of recommendation, which I understand will become part of my admission file at the University of Dubuque.

Dated this _____ day of _____, 20_____

Applicant’s signature _____

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- We would appreciate your comments on the overall maturity of the applicant. How do you view the applicant emotionally, intellectually, and spiritually?
- Describe the applicant’s academic ability, and intellectual enthusiasm, curiosity and perceptiveness as these qualities relate to graduate studies in theology.
- Please comment on the applicant’s sense of purpose, leadership ability, relational ability and sense of self. Note strengths as well as areas where further growth would be helpful to the applicant in ministry.

Signed _____ Date _____

Name _____ Position _____
Please type or print

Address _____ Zip Code _____

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Letter of Reference – Friend or Colleague

To be completed by the Applicant

Name of Applicant _____

I am asking _____ to write a letter of reference for me.

I am applying for the _____ degree program.

Statement of Waiver

V. 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 provides below a written waiver of the right to examine this document, it will be made available to the applicant, upon proper written request, as part of the applicant’s official admission file.

VI. Waiver. I, _____, hereby waive my right to examine at any future time this letter of recommendation, which I understand will become part of my admission file at the University of Dubuque.

Dated this _____ day of _____, 20_____

Applicant’s signature _____

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- Finally, please comment on the applicant’s candidacy status in your denomination.

Signed _____ Date _____

Name _____ Position _____
Please type or print

Address _____ Zip Code _____

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