



PONTIFICAL
FACULTY
OF
THEOLOGY

Letter of Recommendation Form

Pontifical Faculty of Theology
Admissions, Office of the Registrar
1000 East Maple Avenue
Mundelein, IL 60060
Phone: 847.970.4803
Fax: 847.932.3305

TO THE APPLICANT:

Please complete the information below and then give this form to your recommenders. Two of the letters of recommendation are to be from two different professors of philosophy or theology who have taught you specific courses. Recommenders should return the letter to the address above.

Applicant's Name: _____
Title First M.I. Last

Proposed degree: Bachelor of Sacred Theology (S.T.B.) _____
License of Sacred Theology (S.T.L.) _____
Doctor of Sacred Theology (S.T.D.) _____

(In accordance with provisions of the Federal Education and Privacy Acts of 1974, enrolled students have the right to see their letters of recommendation unless they explicitly waive that right.)

_____ I waive my right of access to this recommendation
_____ I do not waive my right of access to this recommendation

Signature

Date

TO THE RECOMMENDER:

Since letters of recommendation play an important role in the Pontifical Faculty of Theology's admission process, we appreciate your candid assessment of the candidate's capacities and motivation for graduate study in theology. Please indicate in your letter in what capacity you have known the applicant and what courses you have taught him or her. Please also answer the following questions:

1. In your judgment, does the applicant demonstrate the personal and intellectual qualities required in a demanding graduate program?
2. How does the applicant compare with other students who have entered such programs?
3. What are the applicant's academic strengths and weaknesses?
4. Is the student able to do theological research and communicate this clearly in English in both written and oral forms?

Please attach your letter to this form. Return the letter directly to the Office of the Registrar. Thank you for your assistance.

Name of Recommender: _____ Date: _____

Signature: _____ Position: _____

Institution and Address: _____

Phone Number: _____ Email: _____

FROM HERE ON, PLEASE FOLLOW THE INSTRUCTIONS “TO THE RECOMMENDER” ABOVE. PLEASE INCLUDE IN YOUR COMMENTS THE NAMES OF THE SPECIFIC COURSES THAT YOU HAVE TAUGHT THE STUDENT, AND ALSO COMMENT ON THE STUDENT’S ABILITIES TO (A) WRITE RESEARCH PAPERS IN ENGLISH, AND (B) HIS OR HER FACILITY WITH LATIN AND A SECOND RESEARCH LANGUAGE (THE ONLY ACCEPTABLE LANGUAGES ARE BIBLICAL HEBREW, KOINE OR CLASSICAL GREEK, FRENCH, GERMAN, ITALIAN, OR SPANISH). NO ONE WILL BE ADMITTED TO THE PROGRAM UNTIL THEY HAVE PASSED OUR LANGUAGE EXAMS. THANKS SO MUCH!

--