WESLEY SEMINARY
INDIANA WESLEYAN UNIVERSITY

WESLEY SEMINARY

RECOMMENDATION FOR ADMISSION

This section to be completed by the applicant. Please type or print.

Name of Applicant _____ Home Phone _____

Home Address (Street, R.R., or PO Box) _____

City _____ State _____ Zip _____

The Family education rights and Privacy act of 1974 and its amendments guarantees students access to certain academic records. Students may, however, waive their right of access to recommendations. The applicant's choice regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

☐ I do waive my rights to inspect the contents of the following recommendation.

☐ I do not waive my rights to inspect the contents of the following recommendation.

Signature of Applicant _____ Date _____

RECOMMENDATION

This section to be completed by reference respondent.
(Note: Confidentiality of letters of recommendations cannot be guaranteed unless applicant waives right of access.)

Directions to respondent: The person named above is applying for admission at Wesley Seminary at Indiana Wesleyan University. Please indicate (✓) the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages in their careers.

ABILITIES AND COMPETENCIES	OUTSTANDING TOP 10%	VERY GOOD UPPER 25%	AVERAGE	BELOW AVERAGE	INADEQUATE OPPORTUNITY TO OBSERVE OR ASSESS
General knowledge of field					
Interactions with others					
Ability to work in a group					
Problem solving skills					
Critical thinking skills					
Personal responsibility					
Ethical conduct					
Oral communication skills					
Written communication skills					
Leadership skills					
Motivation and initiative					
Exhibits potential for effective ministry					
Spiritual health and maturity					

WESLEY SEMINARY

RECOMMENDATION FOR ADMISSION continued

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please indicate your overall endorsement of the applicant for graduate studies:

Recommend highly Recommend Recommend with reservation

Additional Comments _____

_____

_____

_____

_____

Name of Respondent _____

(Please print or type)

Position/Title _____

Institution/Organization _____

Address (Street, R.R., or PO Box) _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Primary Email Address _____

Signature _____ Date _____

Please return completed form to:

Wesley Seminary at Indiana Wesleyan University
Admissions Office
1900 West 50th Street
Marion, IN 46953
Phone: 877-673-0009
Fax: 765-677-1717
email: wesley@indwes.edu