



Sacred Heart Major Seminary

ADMISSIONS RECOMMENDATION FORM

To be completed by the applicant:

FULL LEGAL NAME (PLEASE PRINT)

Circle the program or classification below into which you are seeking admissions:

- | | | |
|--|---|--|
| <p>Unclassified Undergraduate</p> <p>Unclassified Graduate</p> <p>Graduate Prerequisites</p> <p>Basic Diploma in Pastoral Ministry</p> <p>Basic Diploma in Music Ministry</p> | <p>Intermediate Diploma in Diaconal Studies</p> <p>Associate of Arts in Ministry</p> <p>Bachelor of Arts in Philosophy / Pastoral Theology</p> <p>Bachelor of Philosophy</p> <p>Graduate Certificate Diploma (GCD)</p> | <p>Master of Arts in Theology (MA)</p> <p>Master of Arts in Pastoral Studies (MAPS)</p> <p>Prerequisites for Licentiate Studies</p> <p>Licentiate in Sacred Theology (STL)</p> |
|--|---|--|

Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974:

_____ **I do** _____ **I do not** waive the right to inspect and review this completed recommendation.

Signature: _____

To be completed by the person recommending the applicant:

How long have you known the applicant? _____

In what capacity? _____

Part One:

Please rate the applicant in the following:

	Above Average			Average			Below Average		
	1	2	3	4	5	6	7	8	9
Intellectual ability	1	2	3	4	5	6	7	8	9
Analytic ability	1	2	3	4	5	6	7	8	9
Breadth of general knowledge	1	2	3	4	5	6	7	8	9
Ability in oral expression	1	2	3	4	5	6	7	8	9
Ability in written expression	1	2	3	4	5	6	7	8	9
Perseverance	1	2	3	4	5	6	7	8	9
Imagination and creativity	1	2	3	4	5	6	7	8	9
Initiative	1	2	3	4	5	6	7	8	9
Emotional maturity	1	2	3	4	5	6	7	8	9
Collaboration	1	2	3	4	5	6	7	8	9

MA, Pre-STL and STL Applicants Only

Potential for teaching	1	2	3	4	5	6	7	8	9
Potential for research	1	2	3	4	5	6	7	8	9

MAPS Applicants Only

Potential for Pastoral Leadership	1	2	3	4	5	6	7	8	9
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Part Two:

Considering the program to which they are applying, in my opinion, the applicant's chances of succeeding at Sacred Heart Major Seminary are:

- Very poor** **Average** **Excellent**

The applicant's most significant strength: _____

The applicant's most significant weakness: _____

Part Three:

I recommend the applicant **Not at all** **Moderately** **Enthusiastically**

Further remarks: _____

Signature of recommender: _____ Date: _____

Name (*please print*): _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Recommender: Please mail or fax this form to: **ADMISSIONS
Sacred Heart Major Seminary
Institute for Ministry
2701 Chicago Boulevard
Detroit, MI 48206-1799
FAX: 313-883-8530**