

3401 Brook Road, Richmond, Virginia 23227 Telephone: 804.278.4339 | Fax: 800.665.8679 | Email: admissions@upsem.edu

## MASTER OF THEOLOGY REFERENCE FORM

Union Presbyterian Seminary does not discriminate among applicants to, or participants in,	After completing the first section of this for envelope addressed to the Director of Adm to be useful in the admissions process, the due date below.  Th.M. February 15	nissions at Union Presbyterian Seminary.	If this recommendation is admissions office by the
its degree programs on the basis	Section 1 (To be completed by th	e applicant)	
of gender, sexual orientation,	Applicant's Name		
race, ethnicity, national origin,	Access Waiver		
or physical disability.	The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.		
	☐ I waive my right to inspect the contents of this recommendation. ☐ I do not waive my right to inspect the contents of this recommendation.		
	Signature	Date	
graduate study, and your appraisa in comparison with other students	preciates your candid evaluation of this applicated application of the progress of the progress of the progress whom you know to have engaged in similar callsh, we would also appreciate your assessments.	ram successfully. Your rating of the applic courses of graduate study, would be most l	ant's ability and promise,
Please indicate how long, and in v	what capacities, you have known the applican	ıt	
the items below:  ☐ I recommend admiss ☐ If admitted, the stud ☐ Although the application warranted (for reaso	of the applicant, please indicate your overall resion with enthusiasm, confident that the applient should be able to sustain a satisfactory levant's readiness to undertake this program such such given in my written assessment).  In mend the applicant's admission.	licant will perform at a superior level.  vel of achievement in the program.  cessfully is limited or marginal, considera	
Name of reference			
Position or title			
Institution/Address			
City / State / Zip or Postal Code /	Country		

We are grateful for your assistance. This form is used solely for determining admission to the graduate degree programs of Union Presbyterian Seminary and is destroyed after an admission decision is made.

Telephone \_\_\_\_\_ E-mail\_\_\_\_

Signature\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_