



## RECOMMENDATION FORM FOR LAY APPLICANTS

**Applicant Instructions.** Enter data using PC keyboard and drop-down lists; then print and provide a copy of this form to each of the three persons you desire to provide a recommendation.

First Name	MI	Last Name	Suffix
Degree Program		Grad Certificate	
Recommendation Access Waiver	I do	Applicant Signature	_____
	I do not		

**Recommender Instructions.** Please type your answer to the questions below on a separate page(s). Your answers will provide added insights beyond the applicant's academic record and will guide and supplement our personal interview. If you have any questions, please contact the Enrollment Services Office at 1.800.334.9922 x5210 or 202.541.5210. Thank you for your cooperation!

1. How long have you known the applicant? Describe the setting(s) in which you have interacted.
2. What do you consider the applicant's gifts or characteristics pertaining to the study of theology and/or the practice of ministry?
3. What do you consider the applicant's primary areas in need of development for success in studying theology and the practice of ministry?
4. What areas of personal or spiritual growth and development do you suggest for the applicant?
5. Describe other qualities that distinguish this applicant from other students or ministers that you know.
6. At the conclusion of your recommendation, indicate whether you recommend the applicant strongly, as acceptable or with reservation.

Name (printed) _____	Position/Title _____
Organization _____	Email/Telephone _____
Recommender Signature _____	Date _____

Sign and attach this sheet to your typed recommendation answers, then mail directly to:

**Washington Theological Union  
Attn: Enrollment Services Office  
6896 Laurel St., NW  
Washington, DC 20012**