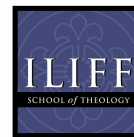


LETTER OF REFERENCE MASTERS DEGREE PROGRAMS



Reference Letter Instructions:

Four references are required to complete your application, based on the guidelines listed below. Please complete the top section of the reference forms (see second page of this document) before submitting them to the persons who will serve as your referees, and list their names and phone numbers on the application form. Ask them to respond promptly since your application will not be processed until all your references are received. If you have been out of school more than five years and faculty referees are unavailable, you may substitute other persons qualified to evaluate your intellectual and academic ability. Family members may not serve as referees. *For Master of Arts applicants*, academic references are required even if you have been out of school for more than five years. If you are unable to supply such references, contact the Director of Admissions & Financial Aid who will arrange for you to interview with an Iliff faculty member in your area of academic interest. The interview may be in person or by phone.

Choose your references based on the following guidelines:

For the Master of Divinity

1. Religious leader
2. Professor
3. Professor
4. Person of your own choosing

For the Master of Arts in Specialized Ministry

1. Religious leader or community leader
2. Professor
3. Professor
4. Person of your own choosing

For the Master of Arts or Master of Theological Studies

1. Religious leader, community leader, or professor
2. Professor
3. Professor
4. Person of your own choosing

**LETTER OF REFERENCE
MASTERS DEGREE PROGRAMS**



To be completed by the applicant

Name _____
Legal family name (surname) First Middle

Current Address _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ E-mail: _____

I am applying for the following degree program at The Iliff School of Theology:

- | | |
|---|---|
| <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Master of Arts (Check one Concentration) |
| <input type="checkbox"/> Justice and Peace Concentration | <input type="checkbox"/> Biblical Studies |
| <input type="checkbox"/> Master of Arts in Specialized Ministry (Check one Concentration) | <input type="checkbox"/> Theology and philosophy of Religion |
| <input type="checkbox"/> Justice and Peace | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> History of Christianity |
| <input type="checkbox"/> Religious Leadership | <input type="checkbox"/> Ethics and Social Change |
| <input type="checkbox"/> Master of Theological Studies | |

I plan to begin at Iliff in the _____ (Quarter) _____ (Year)

In accordance with the provisions of the Federal Education and Privacy Act of 1974, you have the right, *if you enroll* in a master's program at The Iliff School of Theology, to see your letters of recommendation unless you have explicitly waived that right.

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

I understand that this form will be used only for admission purposes and will not become a part of my permanent record should I enroll at Iliff.

Signature of Applicant Date

To be completed by the Referee

Thank you for agreeing to serve as a referee. Please respond as thoroughly and completely as possible to the items listed below. This recommendation will be used in **evaluating the applicant for admission to the degree program indicated above and to evaluate the applicant for scholarships and other forms of financial aid.** Please **type** your reference on the back of this form or attach a separate letter to this form. Mail completed form to: Office of Admissions, Iliff School of Theology, 2201 S. University Blvd., Denver, CO 80210-4798.

1. Please indicate how long and in what context you have known this applicant.
2. Please comment in detail about the applicant, using the following categories:
 - a. Academic performance and capacity for graduate work
 - b. Clarity of and qualifications for vocational/educational goals
 - c. Leadership abilities: exhibited and potential
 - d. Describe the applicant as a person: character, strengths, limitations
 - e. Other information that would be helpful

- I recommend this applicant without hesitation
 I recommend this applicant with some reservation
 I do not recommend this applicant

Referee's name & title Phone

Institution (if applicable) & Address

Signature Date