# Recommendation Form

**Master’s Programs . Sioux Falls Seminary**

## To be Completed by the Applicant

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Applicant Address</th>
<th>Street</th>
<th>City</th>
<th>State/Province</th>
<th>Zip/Postal Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Anticipated Program of Study</th>
</tr>
</thead>
</table>

I willingly waive my right of access to see this recommendation knowing that this waiver is NOT required for admission. **NOTE: Forms should not be completed by members of your immediate family.**

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

## To be Completed by the Reference

The individual named above is applying for admission to Sioux Falls Seminary. Please note the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, which give the applicant the right to review the contents of this recommendation unless that right has been waived by signing the waiver above.

<table>
<thead>
<tr>
<th>Name of Person Giving Reference (please print)</th>
</tr>
</thead>
</table>

| Relationship to Applicant: | ☐ Professor | ☐ Pastor | ☐ Employer | ☐ Personal |

Please indicate the nature of your association or contacts with the applicant, including frequency and duration of contacts, which serve as the basis for your impressions of him or her as a prospective Master’s candidate:

<table>
<thead>
<tr>
<th>Check all that apply:</th>
</tr>
</thead>
</table>

### Responsiveness to Others

- ☐ Reasonably responsive
- ☐ Understanding and thoughtful
- ☐ Shows exceptional insight and consideration
- ☐ Slow to sense how others feel

**Comments:**

### Initiative/Perspective

- ☐ Resourceful and effective
- ☐ Superior creative ability
- ☐ Does only what is assigned
- ☐ Meets average expectations

**Comments:**

### Teachability

- ☐ Rigid, argumentative
- ☐ Highly opinionated
- ☐ Open-minded
- ☐ Eager to receive instruction

**Comments:**
Leadership
☐ Has some leadership promise  ☐ Has exceptional ability to lead
☐ Has good leadership ability  ☐ Makes no effort to lead
Comments: ____________________________

Teamwork
☐ Usually cooperative  ☐ Frequently causes friction
☐ Most effective in teamwork  ☐ Prefers to work alone
Comments: ____________________________

Financial Responsibility
☐ Shows mature responsibility  ☐ Expects others to meet needs
☐ Talks frequently of debt or financial worries  ☐ Careless, extravagant
Comments: ____________________________

Personality Traits (Check those that apply)
☐ Relational  ☐ Honest  ☐ Reserved  ☐ Domineering  ☐ Optimistic
☐ Cautious  ☐ Aloof  ☐ Shy  ☐ Friendly  ☐ Pessimistic
☐ Good natured  ☐ Warm  ☐ Outgoing  ☐ Antisocial  ☐ Empathetic

Integrity/Spiritual Maturity - Does this person:
☐ Appraise strengths and weaknesses objectively and accurately? ☐ Yes ☐ No ☐ Not Observed
☐ Represent himself or herself honestly? ☐ Yes ☐ No ☐ Not Observed
☐ Pursue goals ethically and conscientiously? ☐ Yes ☐ No ☐ Not Observed
☐ Demonstrate appropriate spiritual maturity? ☐ Yes ☐ No ☐ Not Observed
☐ Involve himself or herself in the life of the church? ☐ Yes ☐ No ☐ Not Observed

Moral Character - To your knowledge has this person:
☐ Ever been charged with or convicted of a crime? ☐ Yes ☐ No ☐ Not Observed
☐ Ever been engaged in or been the subject of a charge of unethical or immoral conduct or behavior? ☐ Yes ☐ No ☐ Not Observed
☐ Ever engaged in or been the subject of a charge of sexual misconduct? ☐ Yes ☐ No ☐ Not Observed

If you answered “yes” to any of the Moral Character questions, please provide relevant information to explain your answer.

________________________________________________________________________

Does the applicant have any complicating factors in his or her life that might hinder their success as a student or as a Christian professional?

________________________________________________________________________

Do you see this person as someone you would like to have as your pastor, church staff member, therapist, or colleague?
☐ Yes ☐ No ☐ Unsure

Comments:
________________________________________________________________________

I recommend this applicant for admission to Sioux Falls Seminary.
☐ Highly recommend  ☐ Recommend  ☐ Recommend with reservation  ☐ Do not recommend

Signature ___________________________________________ Date ______________

Position ___________________________________________ Address _____________________________

Phone (_____) ___________________________ E-mail ______________________________

Mail completed form to: Sioux Falls Seminary, ATTN: Admissions, 2100 S. Summit Avenue, Sioux Falls, SD 57105