



## Bishop or Ecclesiastical Superior Reference

**THIS PORTION TO BE COMPLETED BY THE APPLICANT:**

Name \_\_\_\_\_

Anticipated program of study \_\_\_\_\_

Under the Family Education and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of reference. Please check the appropriate box and sign below.

I do waive my right to examine this form. \_\_\_\_\_

Applicant's signature Date

I do not waive my right to examine this form. \_\_\_\_\_

Applicant's signature Date

Thank you for providing a reference for the person named above. We appreciate frankness and are grateful for your cooperation. Attach a separate sheet (or add additional comments on the back of this form) if the response space is insufficient.

1. General Assessment of Character
  
2. Areas of Strength and Weakness in Ministry
  
3. Is in appropriate for this person to be undertaking post-graduate studies in his/her present situation of ministry?
  
4. General Comments

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Position \_\_\_\_\_ Institution/Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Date \_\_\_\_\_

Mail to: Admissions Office, The Lutheran Theological Seminary at Philadelphia, 7301 Germantown Avenue, Philadelphia, PA 19119