



Application for Admission ~ Reference Cover Sheet

Master of Arts in Theology Program

Sacred Scripture, Biblical Theology, Evangelization & Catechesis,
Systematic Theology, and, Catholic Youth Ministry

To The Applicant - This form should be given to a person who is able to comment on your qualifications for graduate study. Please fill in the following information:

Your name _____

Term for which you are applying for admission: Fall Winter Spring Summer

Name of the person who will complete this form _____

I (Check one): Waive Do Not Waive my right to access this letter of recommendation.

Your signature _____ Date _____

To The Recommender

The above candidate is applying for graduate work in the Augustine Institute. We would appreciate your assessment of the candidate's academic and personal preparation for graduate study. Please rank the candidate in comparison to other students you have known who have recently gone on to graduate school.

Abilities & Characteristics	Exceptional	Superior	Above Average	Average	Below Average	Unable to Judge
Ability to complete a rigorous graduate program						
Personal motivation toward a career in proposed program of study						
Emotional stability						
Moral Integrity						
Intellectual ability						
Responsibility/reliability						
Communication skills – Oral						
Communication skills – Written						
Interpersonal skills						
Quality of relationships – Supervisors						
Quality of relationships – Co-workers						
Service orientation (sensitivity/empathy for others)						
Analytical ability						
Initiative toward and potential for scholarly work						
Ability to work independently						
Ability to handle stress						

Please indicate the strength of your overall recommendation:

Recommend most highly Recommend Recommend with reservation Do not recommend

Sign and date this form and attach your recommendation letter. Please accept our sincere thanks for your assistance.

Name (type or print clearly) _____

Signature _____ Title _____ Date _____

Institution _____ Phone _____ Email _____

Address, City, State, Zip _____

Send all materials to: Augustine Institute, 3001 S Federal Blvd, Box 1126, Denver, CO 80236 ~ 303.937.4420