



Church Divinity School of the Pacific

The Episcopal Seminary of the West

REFERENCE REQUEST

APPLICANT'S NAME _____

ACADEMIC PROGRAM _____

APPLICANT'S WAIVER

I understand that this completed recommendation will be used only for admission purposes.

Therefore, I hereby *waive* / *do not waive* (circle one) my right of access under provisions of the "Family Rights and Privacy Act" of 1974.

APPLICANT'S SIGNATURE _____ Date _____

(Pursuant to federal legislation, admitted students have access to letters of recommendation unless the waiver has been signed.)

RECOMMENDER: Education at CDSP is geared primarily for Christian Ministry, both lay and ordained, in its great variety of forms. Please indicate **on a separate sheet** in what context you know the applicant and give a realistic appraisal of the applicant, including both strengths and weaknesses as you see them. Please consider the following about the applicant:

- 1) emotional and social maturity;
- 2) academic/scholarly aptitude for graduate study;
- 3) imagination and openness to new ideas;
- 4) attitude toward authority;
- 5) potential for leadership.

Please send all references along with this form to the Admissions Office, using regular mail, email or fax. Contact information:

Church Divinity School of the Pacific
 Admissions Committee
 2451 Ridge Road
 Berkeley, CA 94709-1217
admissions@cdsp.edu
 Office: 510-204-0715
 Fax: 510-204-0749

Name of Recommender (*please print*)

Signature of Recommender

Date