



INTER-AMERICAN ADVENTIST THEOLOGICAL SEMINARY  
Admissions and Record Office  
P.O. Box 830518, Miami, FL 33283-0518

**RECOMMENDATION FORM- FORM 6**

Name of Applicant (Type or print): \_\_\_\_\_

Program: \_\_\_\_\_ Site: \_\_\_\_\_

**I- TO THE APPLICANT:** You need three recommendations. Complete the above section, then take or mail one form to each prospective evaluator. See the General Instructions for details about evaluator's profile. Urge your evaluators to return these forms to us or your site coordinator immediately, since your application will not be processed until they are received. **Please, do not request relatives to submit recommendation forms.**

**TO THE EVALUATOR:** In order to evaluate the fitness for graduate study of the applicant named above, we need to gather the following information. The applicant believes that you are in a position to make judgments of value regarding his/her abilities to successfully pursue a graduate program. If the waiver statement below is not signed, this form will be available for the applicant's review. Kindly return this form **today** in order to expedite the evaluation of this candidate's application. Thank you for your cooperation.

**II- TO THE APPLICANT:** Fill in your name and sign in the space indicated below, and forward this form to the evaluator.

I agree that officials of the Inter-American Adventist Theological Seminary shall hold the recommendation that I am requesting in confidence, and I hereby waive any rights of access I may have to examine it.

- Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO THE EVALUATOR:** The Inter-American Adventist Theological Seminary will appreciate a confidential assessment from you concerning the applicant.

How long have you known this applicant? \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

**Please rate the applicant on each characteristic in comparison with other students at the same level by checking the appropriate box.**

|  | Excellent | Good | Average | Below Average | No Basis for Evaluation |
|--|-----------|------|---------|---------------|-------------------------|
| Motivation for graduate work                           |           |      |         |               |                         |
| Intellectual ability for graduate work                 |           |      |         |               |                         |
| Breadth of general knowledge                           |           |      |         |               |                         |
| Understanding of proposed field                        |           |      |         |               |                         |
| Ability to analyze ideas                               |           |      |         |               |                         |
| Ethical standards and integrity                        |           |      |         |               |                         |
| Oral English expression skills                         |           |      |         |               |                         |
| Written English expression skills                      |           |      |         |               |                         |
| Promise in research/scholarship/ endeavor              |           |      |         |               |                         |
| Overall, I expect the applicant's graduate work to be: |           |      |         |               |                         |

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type name: \_\_\_\_\_ Position: \_\_\_\_\_

Name and address of Institution: \_\_\_\_\_

**Additional Comments may be written on the back of this page.**