



THE LITURGICAL INSTITUTE
UNIVERSITY OF SAINT MARY OF THE LAKE

1000 EAST MAPLE AVENUE
MUNDELEIN, ILLINOIS 60060
847.837.4542 FAX: 847.837.4545
WWW.LITURGICALINSTITUTE.ORG

RECOMMENDATION FORM

(please print or type all information)

TO THE APPLICANT:

Please complete the information below and give this form to your recommender. The recommender should return the letter directly to: Admissions, The Liturgical Institute, 1000 East Maple Avenue, Mundelein, IL 60060-1174.

Applicant's name: _____
Title First Middle Initial Last

Proposed degree: Master of Arts in Liturgy _____ Master of Arts (Liturgical Studies) _____
License of Sacred Theology (STL) _____ Doctor of Sacred Theology (STD) _____

In accordance with the provisions of the Federal Education and Privacy Act of 1974, enrolled students have the right to see their recommendations unless they explicitly waive that right.

_____ I waive my right of access to this recommendation.

_____ I do not waive my right of access to this recommendation.

Applicant's signature

Date

TO THE RECOMMENDER:

Please review and complete this form and the questions on the opposite side of this page. We appreciate your candid assessment of the candidate's capacities and motivation for graduate study in liturgy at the Liturgical Institute.

Please return this form directly to: Admissions, The Liturgical Institute, 1000 East Maple Avenue, Mundelein, IL 60060-1174.

Name of recommender: _____

Signature: _____ Position: _____

Institution and address: _____

Work phone: _____

(over)

