

## THE LITURGICAL INSTITUTE UNIVERSITY OF SAINT MARY OF THE LAKE

iooo 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:         |  |                  |  |
|---------------------------|--|------------------|--|
|                           | ormation below and give this form to you cal Institute, 1000 East Maple Avenue     |                  | er. The recommender should return the letter directly to:<br>L 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)  |
|                           | provisions of the Federal Education and they explicitly waive that right.          | d Privacy Act of | f 1974, enrolled students have the right to see their                      |
|                           | I waive my right of access to this re-   | commendation.    |  |
|                           | I do not waive my right of access to   | this recommen    | dation.  |
|                           |  |                  |  |
| Applicant's signature     |  | Date             |  |
| TO THE RECOMMENI          | DER:   |                  |  |
| -                         | lete this form and the questions on the<br>d motivation for graduate study in litu | * *              | f this page. We appreciate your candid assessment of the gical Institute.  |
| Please return this form o | lirectly to: Admissions, The Liturgical  | Institute, 1000  | East Maple Avenue, Mundelein, IL 60060-1174.                               |
| Name of recommender:      |  |                  |  |
|                           |  |                  |  |
|                           |  |                  |  |
| Institution and address:  |  |                  |  |
|                           |  |                  |  |

Work phone: \_

(over)

| I. In what capacity do you know the applicant?   |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
| 2. In your judgment, does the applicant demonstrate the personal and intellectual qualities required in a demanding graduate program?  |  |  |  |  |
| 3. What are the applicant's academic strengths and weaknesses?   |  |  |  |  |
| 4. Do you believe the candidate is capable of graduate-level theological research and communicating clearly in written and oral forms? |  |  |  |  |
| 5. How would you assess the applicant's abilities in the areas of organization and administration?                                     |  |  |  |  |
| 6. What are the applicant's strengths and weaknesses in the area of human relations?   |  |  |  |  |
| 7. How would you describe the applicant's commitment to and practice of the Catholic faith?  |  |  |  |  |
| 8. Do you have any reservations about the applicant's desire to study at the Liturgical Institute?                                     |  |  |  |  |
|  |  |  |  |  |