mid-america
REFORMED SEMINARY
229 Seminary Drive
Dyer, IN 46311
p. 219.864.2400
f. 219.864.2410

ecclesiastical recommendation

Applicant Information *(to be filled out by the applicant)*

Name: _____

Address: _____
Number, Street, and Apt # | City | State/Province | Zip/Postal Code | Country

Notice: The Family Educational Rights and Privacy Act of 1974, as amended, gives students the right to review their official educational records, including letters of recommendation. You may waive your right to view this recommendation by signing below. Signing the waiver is not a requirement for admission.

Waiver: By signing this waiver, I hereby voluntarily waive any right or privilege provided by the Family Educational Rights and Privacy Act of 1974, as amended, to inspect or challenge the contents of this letter of recommendation. I expect this letter of recommendation to remain confidential between the writer and the person or organization receiving the recommendation.

_____
Signature | Date

The applicant listed above is applying for admission to Mid-America Reformed Seminary. Each applicant must submit this recommendation form which is to be completed by his consistory or session. We would appreciate your candid evaluation of each of the following questions. Please note the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, listed above. If the student has not signed the waiver, it is possible he will request and receive permission to review this material in the presence of his faculty counselor. The submitted information will be used by the Seminary only and is requested in order to prepare the student's admissions profile.

1. Is the applicant suited for seminary study?

☐ Yes ☐ No

2. Is the applicant suited for the gospel ministry in the churches?

☐ Yes, without reservations ☐ Yes, with reservations
☐ No, we do not recommend him

3. Are there matters regarding doctrine or life which should be noted?

4. Please clarify any of your previous answers or add any additional comments (continue on back of sheet if needed)

Information about the Reference *(to be filled out by the consistory/session president/moderator and clerk)*

Church Name: _____
Church Phone Number

Church Address: _____
Street Address | City | State/Province | Zip/Postal Code

_____
President/Moderator Signature | Clerk Signature | Date

After completing this form, please mail it to the Registrar at Mid-America Reformed Seminary or email to apply@midamerica.edu.