



120 French Road
Rochester, NY 14618
www.stbernards.edu

RECOMMENDATION FORM

Applicant Name _____

Your recommendation will be helpful in evaluating the undersigned candidate. Please include in your statement the length of time you have known the applicant and the nature of your relationship. We are particularly interested in the following areas:

- A. Potential for benefit from graduate theological education
- B. Promise for or demonstrated ability in the ministry or chosen vocation
- C. The ability to analyze concepts critically and communicate issues clearly
- D. Character, personality, and emotional stability
- E. Ability to function well in a multi-denominational and multi-racial setting.

This recommendation will be most useful to us if you comment on the applicant's weaknesses as well as strengths. Thank you for assisting us with our admissions process.

To be filled out by Applicant:

I _____ (do/do not) waive rights of access to the recommendation submitted here as provided in the Family Education and Privacy Act of 1974.

(Signature of Applicant)

(Please use back of sheet if necessary, or attach additional sheets.)

Printed Name: _____

Title: _____

Address: _____

Date: _____

Phone: (____) _____

E-mail: _____

Signature

Please complete and mail at your earliest convenience to the applicant's desired campus for admission:

Mark R. Capellazzi
Director of Recruitment & Financial Aid
120 French Road
Rochester, NY 14618

Deacon Frank Berning
Albany Extension Site
40 North Main Avenue,
Albany, NY 12203