



Theologische Hochschule  
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## ACADEMIC RECOMMENDATION FORM

### APPLICANT'S REQUEST (To be completed by the Applicant)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please, fill the required information above before you can give or send this recommendation form to a former teacher, principal, or academic supervisor (he/she should not be a family relative). Ask him/her to return to you in a sealed envelope or mail to us this recommendation as soon as possible since your application package will not be complete unless it is included.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RECOMMENDATION (TO BE COMPLETED BY THE RECOMMENDER)

The above-mentioned student is in the process of applying for financial support at Friedensau Adventist University. In order to process his/her application, we need to get your opinion concerning this applicant. We appreciate in advance for your confidential evaluation concerning this applicant as you answer the questions below. Thank you for your cooperation.

How long have you known the applicant and in what capacity?

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What are the strengths of the applicant?

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What are the weaknesses of the applicant?

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Can you tell us about the applicant's personal and intellectual ability to pursue studies?

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What is your overall assessment of this applicant to Friedensau Adventist University?

- I recommend without reservation
- I recommend
- I recommend with reservation
- I do not recommend

Recommender's Names (Please Print) \_\_\_\_\_

Institution \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_