Recommendation and Evaluation

Signature

Office of Admissions and Student Services P.O. Box 7719 • Winston-Salem, North Carolina 27109 phone 336.758.3748 • fax 336.758.3225 • divinity@wfu.edu • divinity.wfu.edu



To be completed by the applicant:									
Full Name									
									of Divinity, to review you providing your signature.
I waive m	y right to access this	s recommendati	ion. I c	lo not waive my	right to access	this recommend	lation.		
Signature	Date								
To be com	pleted by	the reco	ommen	der:					
Name:	First Last		Title		Employer				
Email Address	Phone		Phone		Relationship to Applicant				
Mailing Address:	ess: Address I Addre		Address 2		City State		ate	Zip Country	
If you have question 1. How long and in known the applic 2. In a separate doc	what capacity have ant? ument, please provi	e of Admissions you de a written eva	and Student S	Services.			el coursework,	commitment to	o Christian vocation and
				Very Strong	Strong	Average	Weak	Very Weak	_
	Intellectual Ab	ility							
	Independence of Thought Oral Communication Written Communication Work Ethic and Motivation Judgment and Maturity Leadership								
Vocational Commitment									
4. Overall Recomm	endation: High	ly Recommend	Recomm	nend Reco	mmend with R	eservations	Do Not Recor	nmend	

Date