

100 Shiloh Drive
Kalona, IA 52247
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(319) 656-2448 – Fax
admissions@shilohuniversity.org

SHILOH UNIVERSITY

RECOMMENDATION FOR ADMISSION

Obtain recommendations from:

- **Pastor**
- **Church member**
- **Teacher or Counselor** - (if within the past year)

*Personal Enrichment Programs only need Pastor Recommendation.

Course of Study (check one)
B.A. in Biblical and Pastoral Studies
M.A. in Biblical and Pastoral Studies
M.A. in Biblical and Theological Studies
Master of Divinity
Nondegree Undergraduate
Personal Enrichment

To be completed by applicant:

Notice: In compliance with the Family Education Rights and Privacy Act passed by Congress in 1974, this letter of recommendation cannot be considered by this institution as “confidential” without the prior written consent of the applicant. Unless the applicant waives the right to examine this document below, it will be made available to the applicant, upon proper written request, as part of the applicant’s official admission file.

Applicants full name (Please print)

Applicant must check one box

I waive do not waive my right to examine at any future time this letter of recommendation, which I understand will become part of my admission file and the Shiloh University.

Applicant’s signature (**Mandatory**)

Date

To be completed by Recommender (Note: Recommendation should not be from a relative.)

Recommendation is by: (check one) ___ **Pastor** ___ **Church member** ___ **Teacher/Counselor**

Recommender’s name _____

Recommender’s address _____

Telephone # _____ Email address _____

How long have you known the applicant? _____

How do you know the applicant? _____

Do you recommend the applicant for admission? _____

Recommender’s Signature

Date

You may also write or type a recommendation letter with additional information on a separate sheet of paper and attach it to this form. Please comment on any of the following areas of which you are knowledgeable:

- applicant’s academic proficiency
- financial ability to complete the course of study
- ministry goals or personal character
- ability to make time commitment required for graduate work
- competence and efficiency in professional work.
- other personal observations

If returning a Recommendation to an applicant for submission with his/her application, place in a sealed envelope and sign your name across the back. Or mail to: Admissions, Shiloh University, 100 Shiloh Drive, Kalona, IA 52247.

Shiloh University admits qualified students without regard to race, color, gender, national or ethnic origin or disability.