

MASTER'S International School of Divinity

PO BOX 5009, EVANSVILLE, INDIANA 47715-2820 ~ 1-812-471-0611 ~ MDIVS.EDU

NEW STUDENT APPLICANT LETTER OF RECOMMENDATION

Name: _____

MISD Student ID #: _____

The above named person has been provisionally accepted as an off-campus student at Master's International School of Divinity in the _____ program.

(Print Name of Program)

You have been selected by the student to provide a recommendation. The purpose of this recommendation is to give you an opportunity to attest to the fitness of the student to enter into the above noted program of study. Before completing this form, if you should have any questions or reservations, please consult with the student or contact the Admissions Office at Master's International School of Divinity by calling (800)-933-1445 or (812) 471-0611.

RECOMMENDATION: *It is my personal judgment that the student named above is of good moral, ethical and spiritual character, and that as far as I know, has a good reputation among peers and acquaintances. I know of no reason spiritually, intellectually or financially that your School should not accept this individual into your program of study.*

Check the Appropriate Box.

I agree without reservation. I agree with reservations. I do not agree.

Please provide the following information:

Your name and title: _____

Check all that apply: I am A Member of the Clergy. In Higher Education. A Personal Friend.

How many years have you known this individual? _____

Your signature: _____ Date: _____

It will be helpful if you will return this Recommendation as soon as possible by:

Mailing it to the address above or by faxing it to: (812) 471-0877.

On behalf of the student, please accept our sincere appreciation for your assistance.