



**Taylor University, Master of Arts in Religious Studies**  
**Professor's Recommendation**

-----  
Applicant's Name: \_\_\_\_\_  
(please print)

Recommender's Name \_\_\_\_\_  
(please print)

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Under the Family Education Right and Privacy Act of 1974 (Buckley Amendment), which gives the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to select one of the following statements.

- I waive my rights to examine this form.
- I do not waive my rights to examine this form, but authorize the person completing this form to provide a candid evaluation.

Applicant's Signature \_\_\_\_\_

The above named person has asked you to make recommendation for his or her application to Taylor University's Master of Arts in Religious Studies program. As you do so, would you be sure that you cover the following areas:

The applicant's academic and intellectual excellence:

The applicant's personal maturity and integrity:

The applicant's emotional and social awareness:

What is your assessment of the applicant's overall ability to complete a rigorous graduate level program in this area?

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

Please return this form to:

Dr. Michael A. Harbin  
MARS Program Director  
Taylor University  
236 W. Reade Ave.  
Upland IN 46989

---