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## Letter of Recommendation

*To be completed by the applicant:*

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Program for which you are applying:**

Doctor of Ministry       Master of Arts       Cooperative Master of Divinity Program Option  
 Graduate Certificate       Graduate Certificate in Islamic Chaplaincy

Hartford Seminary would appreciate a statement from you concerning the person named above. Please give us your frank appraisal of the applicant's ability and aptitude for study, personality, intellectual and spiritual maturity, and capacity for leadership. Your honesty will help us in doing a careful evaluation. You may attach additional sheets if necessary. *Please do NOT staple additional pages to this form. Thank you.*

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

\_\_\_\_\_  
Name (please print) Title Relationship to Applicant

\_\_\_\_\_  
Address ( )  
Phone Number