



OBLATE
SCHOOL OF THEOLOGY

RECOMMENDATION FORM

Applicant's Name: _____

Parish: _____

Address: _____ **City:** _____ **State** _____

1.) How long have you known this individual? _____

2.) In what capacity or circumstance?

3.) Please name the strengths/skills you have observed in this individual which would be helpful for the ACTS Spiritual Companion Formation Program.

4.) Please name anything(*shortcomings? Weaknesses*)? which might limit this individual in his/her ministry.

5.) If this individual were available for future work in association with you, please indicate the degree of confidence you would have in recommending him/her.

Not recommend

Recommend
With reservations

Recommend

Recommend
Strongly

Any other comments:

Date

Recommender's Signature

Please return as soon as possible to: Oblate School of Theology
ASC Spiritual Companion Formation Program
285 Oblate Dr.
San Antonio, Texas 78216-6693

If you have further questions or comments, please call Director of ACTS Spiritual Companion Formation Program (210) 341-1366

To the Applicant:

Under the family Education Rights and Privacy Act of 1974, an applicant who chooses to enroll in the Spiritual Companion Formation Program and is subsequently admitted to the program may review records pertaining to him or her alone. If however, an applicant wishes to obtain confidential recommendations, which will be used for the purpose of admission, this right of access may be waived. If you wish this recommendation form to remain confidential, please sign below:

I will not seek access to this confidential recommendation submitted for the purpose of admission.

Applicant's Signature