



ECCLESIAL RECOMMENDATION FORM

I certify that _____
(Name of Applicant)

is a member in good standing of the

(Name of Religious Community, Diocese, or Denominational Affiliation)

and has been given permission to study at the Washington Theological Union.

(Signature of Religious Superior, Diocesan or Denomination Official)

(Printed Name of Religious Superior, Diocesan or Denomination Official)

(Street Address)

(City)

(State)

(ZIP)

(Daytime Telephone)

(Date)

Enclose this form in the Application Packet