



Cranmer Theological House
Theological Education in the Anglican Way
Diocese of Mid-America of
The Reformed Episcopal Church
 17405 Muirfield Drive
 Dallas, Texas 75287
 (800) 732-0910
cranmerhouse@gmail.com

APPLICATION
 FOR
 ADMISSION

TO THE APPLICANT

Enter your full name below and indicate the year and program for which you are applying. Sign the statement below if you wish to allow a confidential recommendation by waiving your right to access. After entering your information email the form to the individual making the recommendation for you.

Name: _____ **Expected Date of Entrance:** _____
 Last First MI

Seminary degree program for which you are applying (check one):

- | | |
|---|---|
| <input type="checkbox"/> Anglican Certificate (1 year, no prior degree required) | <input type="checkbox"/> Master of Divinity (M.Div., 3 years, undergraduate degree normally required) |
| <input type="checkbox"/> Master of Arts in Religion (M.A.R., 2 years, undergraduate degree normally required) | <input type="checkbox"/> Master of Theology (Th.M., 1 year, M.Div. degree required) |
| <input type="checkbox"/> Master of Arts in Religion, Diaconess Studies (undergraduate degree normally required) | <input type="checkbox"/> Diaconal Certificate (1-2 years, no prior degree required) |
| <input type="checkbox"/> Master of Theological Studies (M.A.R. required) | <input type="checkbox"/> Diaconess Certificate (1-2 years, no prior degree required) |

OPTIONAL WAIVER OF RIGHTS (Under the family Educational Rights & Privacy Act of 1974)

I hereby waive my right of access to this evaluation form, when completed, and understand that this confidential recommendation is to be used only in consideration of my application to Cranmer Theological House.

Signature: _____

TO THE RECOMMENDER

The person whose name appears above is applying to Cranmer Theological House and has requested that your recommendation be included as part of the information on which the Admissions Office will base its decision. Please give the Admissions Office your assistance by providing responses to the questions below. This form, when completed, should be **mailed to the Office of Admissions at the address shown above or email it to cranmerhouse@gmail.com**. Please feel free to use an additional sheet where necessary.

Name of Recommender: _____

Position or Title: _____

School, Church or Firm: _____

Address: _____

City/State/Zip: _____ Phone # (_____) _____ - _____

Signature of Recommender: _____ Date: _____

1. How long have you known the applicant and in what capacity?

2. What characteristics do you consider to be the talents and strengths of the applicant?

3. What characteristics do you consider to be the weaknesses of the applicant?

4. How thoroughly do you think the applicant has thought out plans for theological study?

5. Please note any other helpful insights you might have.

Please give us your appraisal of the applicant in terms of the qualities listed below.

Abilities & Traits	Outstanding	Superior	Good	Average	Poor	No Info.
Academic Ability						
Creativity						
Sense of Responsibility						
Motivation						
Perseverance						
Honesty & Moral Values						
Written Communication						
Oral Communication						
Ability to work independently						
Ability to work with others						
Spirituality						
Mental & Emotional Stability						
Problem-solving Skills						

Do you recommend this applicant to Cranmer House?

_____ Highly Recommended

_____ Recommended

_____ Recommended, but with reservation

_____ Not Recommended

****Return to address located at top of form****