



*De Mazenod Institute for Parish Renewal*

PASTOR'S Recommendation Form

To the Applicant:

Under the family Education Rights and Privacy Act of 1974, an applicant who chooses to enroll in the De Mazenod Institute for Parish Renewal 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 \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

In what capacity or circumstance?

\_\_\_\_\_  
\_\_\_\_\_

*An essential requirement of this certificate program is for the student to be able to gather and form an evangelization team in your parish. He or she will be guided on how to do this in collaboration with you, the pastor, and any other parish staff you assign. He or she will be expected to continuously update you on the progress of the team.*

Please name the strengths you have observed in this individual that would be helpful for ministry:

\_\_\_\_\_  
\_\_\_\_\_

Please list anything which might limit this individual in his/her ministry:

\_\_\_\_\_  
\_\_\_\_\_

*In giving your recommendation, you understand that you will be permitting and assisting the student in forming an evangelization team in your parish which will, in collaboration with you, begin to implement new ideas and strategies for evangelization and renewal in your parish.*

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

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

Other comments:

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Name \_\_\_\_\_ signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this recommendation form to:

De Mazenod Institute for Parish Renewal  
Oblate School of Theology  
Registrar's Office  
285 Oblate Drive  
San Antonio, TX 78216