



De Mazenod Institute for Parish Renewal
Friend, Supervisor or Mentor'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 Institute, 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

Date

~~~~~  
Applicant's name: \_\_\_\_\_

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

In what capacity do you know this individual?

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

Please name the strengths you have observed in this individual which would be helpful for ministry.

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

Please name anything which might limit this individual in his/her ministry.

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

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.

\_\_\_\_ recommend strongly    \_\_\_\_ recommend    \_\_\_\_ recommend with reservations    \_\_\_\_ not recommend

Any other comments:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name printed

\_\_\_\_\_  
Date