

**DIOCESE OF TUCSON  
LEVEL II MINISTRY CERTIFICATION  
LETTER OF RECOMMENDATION**

**I. Applicant**

Please complete items 1-3 in Section I. (Items in Section II are to be filled out by the person you have selected to recommend you.)

1. Name: \_\_\_\_\_
2. I Do/Do Not (circle your preference) waive my right to read this letter of Recommendation.
3. Give this form along with a stamped, addressed envelope to the person you have selected to recommend you. Please address the envelope as follows:

Department of Catholic Schools  
Sr. Ruthmary Powers, H.M.  
P.O. Box 31  
Tucson, AZ. 85702

Office of Catechesis  
Mike Berger  
P.O. Box 31  
Tucson, AZ 85702

(You may select either Department)

**II. Recommendation**

The person listed above is an applicant for the Diocese of Tucson Level II formation program. Please complete the following information in relation to the applicant and return it in the attached envelope.

1. How long have you known the applicant? \_\_\_\_\_  
In what capacity? \_\_\_\_\_
2. Identify applicant's strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Identify applicant's areas for growth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Please comment on applicant's potential for leadership in ministry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_ Position: \_\_\_\_\_