



Doctor of Ministry Student Reference Form

PLEASE RETURN FORM TO:

Admissions Office

Covenant Theological Seminary • 12330 Conway Road • Saint Louis, Missouri 63141-8697

314.434.4044 • www.covenantseminary.edu

The National Seminary of the Presbyterian Church in America

Name of Applicant _____
LAST NAME FIRST NAME MIDDLE NAME

Applicant's Address _____
STREET CITY STATE ZIP

TO THE APPLICANT: Print your name and address on the lines above. Applicant should provide a stamped envelope addressed to the Director of Admissions for the person filing the reference.

This reference will be kept in strictest confidence and will be destroyed when no longer needed. This student is applying for admission to a program leading to the Doctor of Ministry degree.

Please evaluate the applicant's qualifications by checking the appropriate space below.

Qualification	Excellent (upper 5%)	Good (6-20%)	Satisfactory (21-50%)	Average or Below (Lower 50%)	No basis for Judgement
Spiritual maturity					
Intellectual ability					
Breadth of knowledge					
Ability to work with others					
Oral expression					
Written expression					
Industry and perseverance					
Emotional stability					
Inquisitiveness and independence					
Imagination					
Ministerial leadership					
Relates well to persons in authority					
Sensitive to the needs of others					
Tolerance of opposing viewpoints					

DOCTOR OF MINISTRY STUDENT REFERENCE FORM

In the space below please write a confidential statement concerning this applicant. Particular attention should be given to the student's intellectual ability, commitment to ministry, and in what capacity you have known him or her. Please comment on any other situations in the applicant's life which we should consider as we prayerfully evaluate the applicant's degree program admission and future ministry goals (eg. criminal misconduct; church censure; relevant medical, moral, or psychological difficulties; etc.). Please use additional sheet if necessary.

Please check one:

- Applicant should be accepted. Applicant should probably be discouraged from pursuing this degree.
- Applicant should not be accepted.

Title and Name (please print)

Signature

Address

Date

Telephone/E-mail



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