

PASTOR'S REFERENCE FORM

How well do you know the applicant and for what period of time?

What is your overall evaluation of the applicant?

What potential do you see for effectiveness in ministry?

What areas in the applicant's life need improvement?

If the applicant is married, please comment on the level of support from the applicant's spouse in pursuing seminary.

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 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

STANDARD REFERENCE

	Superior	Good	Average	Poor	Not able to judge
CLARITY OF GOALS — Does this person:					
Demonstrate clear-cut and worthy ministerial goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a clear sense of direction in pursuit of goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the support of his or her spouse? (not married <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
ABILITY TO THINK CRITICALLY — Does this person:					
Show insight in identifying problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select and utilize relevant resources in solving problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
SKILL IN COMMUNICATION — Does this person:					
Speak clearly and effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Express ideas clearly in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpret accurately and effectively the ideas of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
INITIATIVE AND CREATIVENESS — Does this person:					
Reflect originality in approaching problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize and accomplish tasks which need to be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
INDUSTRY — Does this person:					
Demonstrate the effort necessary to achieve goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expend effort and energy wisely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
FINANCIAL RESPONSIBILITY — Does this person:					
Show mature responsibility in money matters (credit management, stewardship, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREAS OF COMPETENCY

What is your overall evaluation of the applicant?

What potential do you see for effectiveness in ministry?

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Date _____ Full Name _____ Signature _____

Title _____ Institution _____

Telephone _____ E-mail _____



Standard Reference

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

Degree to which you are applying (i.e. M.Div., M.A.) _____

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.

The applicant has given your name as a reference. The Admissions Committee needs to gather as much information as possible in order to determine this student's fitness for pursuing seminary study.

Please indicate your associations or contacts with the applicant, which serve as the basis for your impressions of him or her as a prospective student:

- I am not in a position to express an opinion.
- I have known the applicant for _____ years.
- The applicant has been a member of my classes.
- I have observed applicant's service in the church.
- I have had only casual contact.

Please indicate by a check mark your opinion of applicant with regard to trait mentioned, as compared with others you have known, or whose work you have observed.

AREAS OF COMPETENCY

	Superior	Good	Average	Poor	Not able to judge
SPIRITUAL MATURITY — Does this person:					
Model a mature understanding of the gospel of grace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Express humility and gratitude in relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate an active faith in God?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make decisions that are consistent with the truth of Scripture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
PERSONAL AND INTELLECTUAL INTEGRITY — Does this person:					
Appraise strengths and weaknesses objectively and accurately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Represent himself or herself honestly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pursue goals ethically and conscientiously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
ABILITY TO FACE REALITY — Does this person:					
Foresee and face problems realistically and objectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach problems in a constructive manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept well-meant criticism and use it constructively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
INTERPERSONAL RELATIONSHIPS — Does this person:					
Participate willingly and effectively as a member of a group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show leadership ability when the occasion permits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact graciously with people of opposing views?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earn respect from associates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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