



Doctor of Ministry Degree
Reference Form

(Instructions for Letters of Endorsement/Recommendation)

Each applicant for the Doctor of Ministry Degree must have three references: a church leader from your congregation, a judicatory official (or if none, a colleague), and a former professor or employer. Please provide these individuals with a copy of this reference form and a stamped envelope addressed to the Office of Admissions, Hood Theological Seminary, 1810 Lutheran Synod Drive, Salisbury, NC 28144.

Section I. To be filled out by the Applicant before forwarding to your reference

Applicant's Full Name: _____

Applicant's Mailing Address: _____
P.O. Box or Street # City State Zip

Applicant's Email: _____ Phone: _____

Reference's Name: _____

Reference's Address: _____
P.O. Box or St. # City State Zip

Position: Church Leader Judicatory Official(Or, if none, a colleague) Professor

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) which gives students the right to inspect and review their education records; students may waive their right to see specific confidential statements or endorsements. In the belief that applicants and recommenders may wish to preserve the confidentiality of any evaluations, you may waive, or not waive your right to see this completed form:

___ I **waive** my right to examine the contents of this evaluation

Applicant's Signature _____ Date: _____

___ I **do not waive** my right to examine the contents of this evaluation

Applicant's Signature _____ Date: _____

Section II. To be filled out by the person who is requested to endorse or recommend the above applicant to Hood Theological Seminary for admission to the program leading to the Doctor of Ministry Degree

Please give your candid and thoughtful opinion of the applicant's ability for and commitment to graduate theological study by responding to the following questions. Since, Hood Theological Seminary is compliant with section 504 of the Rehabilitation Act of 1973, do not refer directly or indirectly to any disabilities the applicant might have.

This recommendation remains confidential during the application process. If the applicant has not waived his or her right to see this recommendation, your letter will become accessible to the applicant. If the applicant enrolls in this school, your letter will be included in the student's record. The Admissions Committee is grateful for your assistance.

I understand this to be a confidential evaluation concerning:

_____.
Student's First Name Student's Middle Name Student's Last Name

A. How long and in what capacity have you known the applicant? _____

B. Please complete the personality traits ranking scale below:
 5 = Exceptionally high; 4 = above average; 3 = average; 2 = marginal; 1 = poor; 0 = no basis to evaluate

<u>Personal Integrity:</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Emotional Stability:</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Spiritual Maturity</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Social graces</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Academic Ability:</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
Track Record in						
working with:						
<u>Laity</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Peers</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Supervisors</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Communication skill</u>						
<u>Oral</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Writing</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Clergy Performance</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Leadership Acumen</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Motivation/discipline</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Goal Achievement</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>

C. In your judgment, what are the applicant's strengths? _____

D. What would be your concerns about the applicant pursuing a D.Min degree? _____

E. Do you have specific misgivings about the applicant balancing his/her various responsibilities now?
 No _____ Yes If yes, explain _____

F. What is your recommendation? ___ Highly recommend ___ Recommend
 ___ Recommend with reservation ___ Do not recommend

G. If there is other information about the applicant you wish us to know, please include it with this recommendation.

Recommender's signature Position Date

For additional information, call (704) 636-6455