



**NAZARENE THEOLOGICAL SEMINARY**  
**DOCTOR OF MINISTRY DEGREE PROGRAM**  
**REFERENCE FORM – ACADEMIC PROFESSOR**

**TO BE COMPLETED BY THE APPLICANT**

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NAME OF APPLICANT \_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 (Buckley Amendment) provides students a right to review their educational records. The law also permits applicants to waive this right, an action that may protect the integrity of recommendations and references. Please indicate your decision to waive or not waive this right by checking the appropriate statement and signing your name on the line below.

- I hereby waive my right to examine this reference.
- I do not waive my right to examine this reference.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

**TO BE COMPLETED BY THE RECOMMENDER**

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1. Please evaluate the applicant in the following areas:

	FAR ABOVE AVERAGE	ABOVE AVERAGE	BELOW AVERAGE	BELOW AVERAGE	FAR BELOW AVERAGE	NOT OBSERVED
Aptitude for Ministry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Aptitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christian Character and Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How long have you known the applicant? \_\_\_\_\_

How well?    Very Well    Rather Well    Casually    Not Well

In what capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How well did the applicant perform in the classroom setting?, in doing research?, and in writing?

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4. Do you have any concerns about her/his readiness to engage in a doctoral-level program of study?

Yes  No  Unsure    If yes/unsure, please elaborate: \_\_\_\_\_

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5. Additional comments (attach letter if desired): \_\_\_\_\_

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6. The recommendation you give this applicant for admission to the Nazarene Theological Seminary Doctor of Ministry Degree Program:

Highly recommend  Recommend  Recommend with reservations  Do not recommend

RECOMMENDER'S INFORMATION & SIGNATURE

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
University/Institution

\_\_\_\_\_  
Address City, State, Zip

\_\_\_\_\_  
Phone Email

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

*Thank you! Please return completed form to NTS (address and fax number on reverse side).*