



NAZARENE THEOLOGICAL SEMINARY
DOCTOR OF MINISTRY DEGREE PROGRAM
REFERENCE FORM – LAYPERSON IN MINISTRY SETTING

TO BE COMPLETED BY THE APPLICANT

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

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. What is your experience of the applicant's character, interpersonal skills, and ministry effectiveness?

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: _____

5. Additional comments (attach letter if desired): _____

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

Church/Organization

Address City, State, Zip

Phone Email

Signature Date

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