

2. How long have you known the applicant? _____

How well? Very well Rather well Casually Not well

In what capacity? _____

3. How would the applicant's participation in a D.Min. program positively or negatively affect her/his current ministry context? _____

4. As the applicant's employer/supervisor do you have any concerns about her/his readiness to engage in this program of study? Yes No Unsure

Please comment if "yes" or "unsure": _____

5. Additional comments (fee free to attach a letter): _____

6. Taking into account the current ministry responsibilities of the applicant and the requirements for the Doctor of Ministry degree program at Nazarene Theological Seminary, I

approve do not approve

this application for admission to the program.

RECOMMENDER'S SIGNATURE

DATE

Return to:
Office of Admissions
Nazarene Theological Seminary
1700 East Meyer Boulevard, Kansas City, Missouri 64131-1263