Nazarene Theological Seminary
Doctor of Ministry Program

Academic Professor/Mentor REFERENCE FORM

Office of Admissions
1700 East Meyer Boulevard
Kansas City, Missouri 64131-1263
1.800.831.3011 (locally 816.268.5400)
Fax: 816.268.5500
Email: enroll@nts.edu Web: www.nts.edu

TO BE COMPLETED BY THE APPLICANT

_____
NAME OF APPLICANT (please print)

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

Name (please print):_____

Address:_____

City:_____State:_____Zip:_____

Telephone: _____Email: _____

Position:_____

1. Please evaluate the applicant in the following areas:

	FAR ABOVE AVERAGE	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	FAR BELOW AVERAGE	NOT OBSERVED
Aptitude for Ministry	❑	❑	❑	❑	❑	❑
Academic Aptitude	❑	❑	❑	❑	❑	❑
Christian Character and Integrity	❑	❑	❑	❑	❑	❑
Church Involvement	❑	❑	❑	❑	❑	❑
Concern for Others	❑	❑	❑	❑	❑	❑
Emotional Stability	❑	❑	❑	❑	❑	❑
Financial Responsibility	❑	❑	❑	❑	❑	❑
Initiative	❑	❑	❑	❑	❑	❑
Interpersonal Skills	❑	❑	❑	❑	❑	❑
Leadership	❑	❑	❑	❑	❑	❑
Maturity	❑	❑	❑	❑	❑	❑
Reliability	❑	❑	❑	❑	❑	❑
Work Habits	❑	❑	❑	❑	❑	❑

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?

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

   ❒ Yes ❒ No ❒ Unsure

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

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

6. I recommend this applicant for admission to the Nazarene Theological Seminary Doctor of Ministry program.

   ❒ Highly recommend ❒ Recommend

   ❒ Recommend with reservations ❒ Do not recommend

_____

RECOMMENDER'S SIGNATURE DATE

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