



NAZARENE THEOLOGICAL SEMINARY

REFERENCE FORM – PASTOR/ECCLESIAL

TO BE COMPLETED BY THE APPLICANT

NAME OF APPLICANT _____

ANTICIPATED PROGRAM OF STUDY _____

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

Yes No Unsure If yes/unsure, please elaborate: _____

4. Do you see the applicant as someone whom you would hire, have as your pastor/associate pastor, or someone you would like to work with as a colleague? Yes No Unsure If yes/unsure, please elaborate:

5. How likely is the applicant to succeed in future ministry contexts? **365M APPLICANTS ONLY:** Does the applicant engage in conversations and activities with others who are not their peers and/or who are ethnically different from them?

6. **365M APPLICANTS ONLY:** The objective of 365M is for students to respect, listen to and learn from people of other cultures and ethnicities. Do you see this person as someone who can live in a new culture for a year as a learner of others? Please explain.

7. Do you know of any physical, mental or emotional problems that might hinder effective work in Christian ministry? Yes No If yes, please elaborate:

8. The recommendation you give this applicant for admission to Nazarene Theological Seminary:
 Highly recommend Recommend Recommend with reservations Do not recommend

9. Additional Comments (attach letter if necessary):

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).