



*Items marked with a red star * are required and must be completed.*

NAME OF APPLICANT WHOM YOU ARE RECOMMENDING *

The person named above is applying for admission to the Doctor of Ministry Program at United Theological Seminary of the Twin Cities and has designated you as a reference. Your help in evaluating this person's potential for theological study is of great importance to our admissions process. Thank you for your sincere and candid appraisal of this person's character and ability.

REFERENCE (YOU) PERSONAL INFORMATION

Name *

Position/Title *

Address *

Address2

City/State/Zip *

Is the above address Work Home Other
work or home? *

Email *

Preferred Phone *

Phone Type * Cell Work Home Other

ROLE IN APPLICANT'S LIFE

Type of recommendation Ministerial (clergy peer or ministry supervisor)
you are supplying: * Professional who knows applicant's work
 Lay person in applicant's congregation/agency

How long and how well have you known the applicant? *

SKILL EVALUATION

Please evaluate the applicant in the following categories: *

| | Excellent | Above Average | Average | Below Average | No Basis for Judgment |
|------------------------------------|-----------|---------------|---------|---------------|-----------------------|
| Christian faith and commitment | | | | | |
| Depth of theological reflection | | | | | |
| Skills in the practice of ministry | | | | | |
| Capacity for critical analysis | | | | | |
| Ability at written communication | | | | | |
| Ability at oral communication | | | | | |
| Emotional maturity | | | | | |
| Ability to work with others | | | | | |
| Financial responsibility | | | | | |

PLEASE COMMENT BRIEFLY ON THE FOLLOWING:

If you wish, you may submit a non-handwritten document giving the below information, instead of filling in the blanks provided.

1. Describe the applicant's character, including openness to learning and growth. *

2. Summarize the applicant's strengths. *

3. Summarize the applicant's weaknesses. *

4. How would Doctor of Ministry studies benefit this person's future ministry? *

5. Other comments?

Thank you for your evaluation. Your comments will be carefully considered.

SIGNATURE

Reference Signature *

Today's Date: *

Please submit completed and signed recommendation to:

Admissions Office
United Theological Seminary of the Twin Cities
3000 Fifth Street NW
New Brighton MN 55112-2598
651.633.4315 (fax)
admissions@unitedseminary.edu