



Doctor of Ministry Studies Program
Personal Reference

Return form to: Doctor of Ministry Studies Office, Anderson University School of Theology, 1100 E. 5th St., Anderson, IN 46012-3495

Information Provided by the Applicant

I [ ] do [ ] do not waive my right to access this information.

Applicant's name \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Personal Reference (Please complete this form to the best of your ability.)

How long have you known the applicant? \_\_\_\_\_

What has been your relationship with the applicant? \_\_\_\_\_

Please evaluate the applicant in the following areas (check one box for each area)

Table with 6 columns: Exceptional, Very Good, Good, Doubtful, No Basis for Judgment. Rows include Analytical ability, Writing ability, Oral communication ability, Creativity and imagination, Perseverance, Christian commitment, Emotional maturity, Physical health, Leadership potential.

Do you recommend this applicant for admission? [ ] Yes [ ] Yes, with reservation [ ] No

If you have additional comments, please use the other side or an additional sheet.

Referent's name \_\_\_\_\_ Signature \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_