

United Theological Seminary of the Twin Cities

Recommendation for an Application to the Doctor of Ministry Program

This form is to be given to a person who has been asked for a recommendation. A stamped envelope addressed to the D.Min. Office should be included.

____ Ministry Supervisor
____ Clergy Peer
____ Lay Person
____ Professor

To be filled out by the applicant

The person named on the right is applying for admission to our D.Min. Program 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.

Applicant's Name: _____
(Please print)

Under the United States Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation.

____ I waive my right to examine this recommendation.
____ I do not waive my right to examine this recommendation.

Applicant's Signature Date

To be filled out by the person making the recommendation

1. How long and how well have you known the applicant?

2. How would you 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 _____

3. Please describe the applicant's character, including openness to learning and growth. _____

4. How would you summarize this person's strengths?

5. How would you summarize this person's weaknesses?

6. How would D.Min. studies benefit this person's future ministry?

7. Other comments:

NAME (Please Print) _____

POSITION/TITLE _____

ADDRESS Street City/Town State Zip

(_____) _____

PHONE

EMAIL _____

SIGNATURE _____

Date _____

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

Please mail directly to:

Doctor of Ministry Office
United Theological Seminary of the Twin Cities
3000 5th Street NW
New Brighton MN 55112

PHONE: 651-255-6127

FAX: 651-633-4315

Email: dmin@unitedseminary.edu