



Admissions Office
 3909 Swiss Avenue
 Dallas, Texas 75204
 800.332.5527
 fax: 214.887.5504



Chairperson/Executive Recommendation

1 of 2

This section is to be filled out by the applicant.

 Name

 Address

 City, State, Zip

This section is to be filled out by the reference.

How long have you known the applicant? _____ You have been the applicant's:

Teacher Pastor Friend Employer Adviser Other _____

The individual named above has given your name as a reference in applying for entrance to our seminary in the Doctor of Ministry program. We rely on people like you to help us accurately appraise our incoming students. We appreciate your honest estimate of this applicant's personality and character traits, and will treat your reply as confidential. It is the policy of Dallas Seminary that reference forms are NOT made available to the applicant and will be destroyed when he or she begins studies. This includes identifying positive or negative situations which would help us evaluate the applicant's ministry effectiveness.

Each applicant for admission must submit a recommendation from the chairperson of the board or other executive of the organization in which the applicant served. Serious consideration is given to this recommendation, and therefore we request that you complete the form carefully and candidly and return it to the applicant in a sealed envelope with your signature across the flap.

1. How well do you know the applicant? _____

2. Please give what information you can regarding the applicant's family life. _____

3. Please give what information you can regarding the applicant's business life. _____

4. Does the applicant relate well with others? _____

5. Does the applicant work well with others? _____

6. What do you consider the applicant's strongest talents and abilities? _____

7. What do you consider the applicant's weak points? _____



8. Have you observed weaknesses in the applicant's moral life? Yes No

(If yes, please explain.) _____

9. Please rate the candidate by circling the appropriate response for each of the qualities below. If you wish, describe briefly and concretely specific instances that support or interpret your judgment. Do not circle items of which you feel uncertain or that you have had no opportunity to observe.

	Below Average	Average	Above Average	Strong	Exceptional
Spiritual life	1	2	3	4	5
Initiative	1	2	3	4	5
Industry	1	2	3	4	5
Follow-through	1	2	3	4	5
Influence on others	1	2	3	4	5
Acceptance by others	1	2	3	4	5
Responsibility	1	2	3	4	5
Leadership	1	2	3	4	5
Humility	1	2	3	4	5
Ability to communicate	1	2	3	4	5
Personal organization	1	2	3	4	5
Emotional qualities	1	2	3	4	5
Personal appearance	1	2	3	4	5
Overall evaluation	1	2	3	4	5

10. Additional comments _____

If there are additional facts which we should know, please write them on a separate sheet. You may include the names and addresses of additional references who you think would be of help in evaluating this application. Thank you.

Signature

Position & Organization

Name (please print)

Address

Date

City, State, Zip

Email

Phone

To maintain a confidential process, please (1) seal your reference in an envelope and (2) sign across the flap before mailing it to our office.