

 *Friend's 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 that would help us evaluate the applicant's ministry effectiveness.

Please fill out this reference form at your earliest possible convenience 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 church life. _____

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

4. Please give what information you can regarding the applicant's social and business life. _____

5. Does the applicant relate well to others? _____

6. Does the applicant work well with others? _____

7. What do you consider the applicant's strongest talents or abilities? _____

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



9. What degree of ministry success do you assess for the applicant? _____
10. Have you observed weaknesses in the applicant's moral life? _____
 If so, please explain. _____
11. Do you feel the applicant is a worthy candidate for Doctor of Ministry studies at Dallas Theological Seminary?

12. Please rate the candidate by checking the item which best applies under each of the headings below.
 If you wish, describe briefly and concretely specific instances that support or interpret your judgment.
 Do not check items of which you feel uncertain or in which you have had no opportunity to observe.

Spiritual Life

- | | | | | | |
|--|---|---|--|---|--------------------------------------|
| <input type="checkbox"/> No interest in spiritual growth | <input type="checkbox"/> Small evidence of spiritual growth | <input type="checkbox"/> Average spirituality | <input type="checkbox"/> Shows growth & separated living | <input type="checkbox"/> Deeply spiritual | <input type="checkbox"/> Do not know |
|--|---|---|--|---|--------------------------------------|

Purposefulness

- | | | | | | |
|---|---|----------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Aimless trifle | <input type="checkbox"/> Vacillating in purpose | <input type="checkbox"/> Average | <input type="checkbox"/> Self-directed | <input type="checkbox"/> Strives to realize well-formed purpose | <input type="checkbox"/> Do not know |
|---|---|----------------------------------|--|---|--------------------------------------|

Initiative

- | | | | | | |
|--|--|---|--|--|--------------------------------------|
| <input type="checkbox"/> Requires constant oversight | <input type="checkbox"/> Succeeds if always directed | <input type="checkbox"/> Average; occasional initiative | <input type="checkbox"/> Shows good initiative | <input type="checkbox"/> Actively creative | <input type="checkbox"/> Do not know |
|--|--|---|--|--|--------------------------------------|

Industry

- | | | | | | |
|--|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Needs constant prodding | <input type="checkbox"/> Needs occasional prodding | <input type="checkbox"/> Performs assigned tasks | <input type="checkbox"/> Goes beyond what is required | <input type="checkbox"/> Seeks additional work | <input type="checkbox"/> Do not know |
|--|--|--|---|--|--------------------------------------|

Influence on others

- | | | | | | |
|--|---|--|--|--|--------------------------------------|
| <input type="checkbox"/> Detrimental influence | <input type="checkbox"/> Passive, no positive influence | <input type="checkbox"/> Varying influence | <input type="checkbox"/> Consistently good influence | <input type="checkbox"/> Unusually wholesome influence | <input type="checkbox"/> Do not know |
|--|---|--|--|--|--------------------------------------|

Acceptance by others

- | | | | | | |
|--|--|--|---|---|--------------------------------------|
| <input type="checkbox"/> Avoided by others | <input type="checkbox"/> Tolerated by others | <input type="checkbox"/> Liked by others | <input type="checkbox"/> Well liked by others | <input type="checkbox"/> Sought after by others | <input type="checkbox"/> Do not know |
|--|--|--|---|---|--------------------------------------|

Responsibility

- | | | | | | |
|--|--|---|---|---|--------------------------------------|
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Somewhat dependable | <input type="checkbox"/> Usually reliable | <input type="checkbox"/> Conscientiously reliable | <input type="checkbox"/> Capable of much responsibility | <input type="checkbox"/> Do not know |
|--|--|---|---|---|--------------------------------------|

Leadership

- | | | | | | |
|--|--|--|--|--|--------------------------------------|
| <input type="checkbox"/> Always a follower | <input type="checkbox"/> Tries but usually fails at leadership | <input type="checkbox"/> Assumes occasional leadership | <input type="checkbox"/> Good leadership | <input type="checkbox"/> Inspiring & successful leader | <input type="checkbox"/> Do not know |
|--|--|--|--|--|--------------------------------------|

Emotional qualities

- | | | | | | |
|------------------------------------|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Apathetic | <input type="checkbox"/> Too emotional | <input type="checkbox"/> Usually well balanced | <input type="checkbox"/> Consistently well balanced | <input type="checkbox"/> Emotionally very stable | <input type="checkbox"/> Do not know |
|------------------------------------|--|--|---|--|--------------------------------------|

If there are additional facts that we should know, please write them on a separate sheet. You may include the names and addresses of additional references whom 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.