Admissions Office
Central Seminary
900 Forestview Lane N
Plymouth MN 55441

Reference Form
Doctor of Ministry
Educational

Applicant: _____

Last name **First name** **Middle**

Address: _____

Street address **City** **State** **Zip**

Central Seminary's desire is to strengthen local churches by strengthening their leaders. The Doctor of Ministry is a professional degree, not a strictly academic credential. It is rather like the degrees earned by lawyers or physicians, with this difference. We require the applicant to gain significant ministry experience before he comes into the program.

Please help us by thoughtfully evaluating this applicant's character for ministry. Below are a few short answer questions. *(If more space is needed to answer the questions or to make comments, please attach on a separate sheet of paper.)*

1. How did the applicant demonstrate diligence in his studies?

_____

_____

2. How would you describe the applicant's demeanor inside and outside the classroom?

_____

_____

3. How would you describe the applicant's communication skills, either orally or written? (Give a specific example, if possible.)

_____

_____

4. What characteristics or qualities does the applicant possess which would be a benefit to someone in full-time ministry?

_____

_____

5. Do you have any reservations about this applicant being in full-time ministry? If so, please explain.

_____

_____

Please add any other comments you believe would be helpful to us in evaluating this applicant.

_____

_____

Signature: _____ Date: _____ Phone: _____

_____ _____

Name (please print) Address City State Zip