



6399 S. Santa Fe Drive, Littleton, CO 80120 (303) 762-6918 FAX (303) 761-8060

PERSONAL REFERENCE

TO THE APPLICANT:

Name of Applicant: _____
Last First Middle

Applicant's Address: _____
Street City State/Zip Country

Phone: (____) _____ Email Address: _____

TO THE APPLICANT: Print your name and address on the lines above. Under the section TO THE PERSON GIVING THIS REFERENCE, check the track for which you are applying. Send this form to the person from whom you are requesting the reference. Enclose a stamped envelope addressed to the Doctor of Ministry Office, Denver Seminary, 6399 S. Santa Fe Drive, Littleton, CO 80120. References must be mailed directly to the seminary by the person supplying the reference.

THIS SECTION IS TO BE COMPLETED BY REFERENCE: The individual named above has given your name as a reference in applying for entrance to our Seminary. We rely on people like you to help us accurately appraise our incoming students. This includes identifying positive or negative situations from the past or present conditions which affect the applicant's ministry effectiveness or suitability for admission into the Seminary community.

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 Denver Seminary that reference forms are NOT made available to the applicant and will be destroyed when he or she begins studies.

TO THE PERSON GIVING THIS REFERENCE: Please complete both sides of this form and return it promptly in the enclosed envelope.

Print name of the person giving this reference: _____

Phone: _____ Email: _____

The applicant is applying to specialize in: ___ **Leadership in Preaching/Pastoral Ministry** ___ **Leadership in Chaplaincy** ___ **Leadership in Community Spiritual Formation** ___ **Leadership in Global Urban Ministry** ___ **Church & Parachurch Executive Leadership** ___ **Marriage & Family Counseling** in the Doctor of Ministry program. This is an advanced program for people experienced in ministry, designed to heighten competency in ministry. Please give a candid evaluation of the applicant in the areas listed.

	Not Observed	Weak	Fair	Good	Very Good	Outstanding
Spiritual Life	_____	_____	_____	_____	_____	_____
Ability to Work with Others	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Creativity/Imagination	_____	_____	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____
Self-motivation	_____	_____	_____	_____	_____	_____
Oral Communication	_____	_____	_____	_____	_____	_____
Written Communication	_____	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____	_____
Problem-solving Skills	_____	_____	_____	_____	_____	_____
Counseling Skills	_____	_____	_____	_____	_____	_____
Leadership/Administrative Skills	_____	_____	_____	_____	_____	_____
Vision for Ministry	_____	_____	_____	_____	_____	_____
Family Relationships	_____	_____	_____	_____	_____	_____
Clarity of Goals	_____	_____	_____	_____	_____	_____

1. How long have you known the applicant and in what capacity?

2. What is the applicant's potential for continued growth in ministry?

3. What are the applicant's strengths in ministry?

4. In what areas could his/her ministry be improved?

5. Additional comments:

6. Do you recommend the applicant for admission to this program?

Recommended highly

Recommend

Recommend with reservations

Do not recommend

Signature _____

Date _____

SEND TO: Doctor of Ministry Office, Denver Seminary, 6399 S. Santa Fe Drive, Littleton, CO 80120