

Palmer Theological Seminary

Doctor of Ministry Program Reference Form

To the Applicant: Complete the following information and waiver before giving this form to the individual who will be providing your reference.

Check one: Marriage and Family _____ Renewal of the Church for Mission _____

Name of Applicant _____

Address _____

City _____ State _____ ZIP Code _____

Country _____

Home Phone (_____) _____ Work Phone (_____) _____

Email Address _____

AUTHORIZATION FOR WAIVER, which the applicant is to read and sign.

I understand my right under the U.S. Family Education Rights and Privacy Act of 1974 to review confidential appraisals placed in my file after January 1, 1975 that are submitted with reference to admission to a graduate or other school.

I do () I do not () waive my right to review this reference.

Applicant's Signature _____ Date _____

To the Evaluator: The person named above has applied for admission to the Doctor of Ministry program at Palmer Theological Seminary. In order to decide whether to accept the applicant into our Doctor of Ministry program, we need information about his/her commitment to Christian ministry, leadership qualities, character, emotional stability, academic ability, and present competency in ministerial practice. Please share with us your knowledge relative to these points and anything else which you think would be helpful to our admissions committee in assessing the applicant's qualifications for pursuing this Doctor of Ministry program. **(Please attach your letter to this form and return them to us in the envelope provided, or use the address below.)**

Your name (printed)

Signature

Address

Position

City, State, Zip

Date

Palmer Theological Seminary
Doctor of Ministry Office
6 E. Lancaster Ave.
Wynnewood, PA 19096