

RECOMMENDATION

Form 1

TO THE APPLICANT:

Following completion of this section, submit this form to the recommender with an envelope addressed to Doctor of Ministry Office, George W. Truett Theological Seminary, Baylor University, One Bear Place #97126, Waco, TX 76798-7126.

Application for the Fall Year _____ (Note: The DMin program begins each fall.)

U.S. Social Security Number: _____

Name: _____

Address: _____

Home Tel. (with area code): _____ Work Tel. (with area code): _____

I waive I do not waive all future rights to review this form once submitted to Truett Seminary and agree to respect the confidentiality of the remarks made by you.

Signature of Applicant: _____

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George W. Truett Theological Seminary, Baylor University, One Bear Place #97126, Waco, TX 76798-7126.

Please complete the following:

1. How long have you known the applicant? _____ Years _____ Months

2. How well do you know the applicant? Casually Well Very Well

3. Describe the applicant's involvement in the local church: _____

4. Please make comments below, or write a letter commenting on any of the following areas you have had an opportunity to observe:

4.1 Christian commitment _____

4.2 Integrity and responsibility _____

4.3 Leadership qualities and style _____

4.4 Persistence _____

4.5 Capability for effectiveness in ministry _____

4.6 Speaking skills _____

4.7 Research/study skills _____

4.8 Applicant's motives for pursuing a Doctor of Ministry degree _____

Please print

Recommender's Name: _____

Signature: _____ Date: _____

Business Address: _____

Professional Title: _____

Institution or Organization: _____

Tel. (with area code): _____ Fax. (with area code): _____

Email: _____

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Business Address: _____

Professional Title: _____

Institution or Organization: _____

Tel. (with area code): _____ Fax. (with area code): _____

Email: _____

CHURCH RECOMMENDATION

Applicant Information

U.S. Social Security Number: _____

Name: _____

Address: _____

Church Information

Name of Church: _____

Association / Area: _____

Mailing Address: _____
PO BOX / NUMBER AND STREET *CITY* *STATE* *ZIP*

Signature _____
PASTOR

Signature _____
CHURCH CLERK

Please attach a letter of recommendation / certification that has been read to and approved by the congregation on _____
DATE