

DOCTOR OF MINISTRY

Church of God Theological Seminary

900 Walker Street, NE
 or P.O. Box 3330
 Cleveland, TN 37320-3330

Letter of Recommendation

FORM II

From your Seminary/graduate faculty:

To be completed by the Applicant

I have given your name as a reference in applying to the Church of God Theological Seminary for admission to the Doctor of Ministry program.

Entry Year: _____

 Printed Name of Applicant

 Signature of Applicant

To be completed by your seminary/graduate faculty:

Please complete this form as soon as possible and return to the Admissions Office of the Church of God Theological Seminary

(Rate on a scale of 1-10 with 10 being highest).

General Qualifications	10	9	8	7	6	5	4	3	2	1	No Basis To Judge
Ability											
To express oneself in writing											
To express oneself orally											
To do independent stud											
Creativity and imagination											
Motivation and energy											
Emotional maturity											
Perseverance											
Sensitivity to others											
Religious Commitment											
Life conduct											
Past performance as a leader											
Potential as a leader											
Financial <u>responsibility</u>											
Fulfillment of <u>responsibility</u>											
If Married: Family Responsibility											

How long have you known the applicant? _____

In what capacity?

Continued on back

Does this person hold ministerial credentials? Yes _____ No _____
If yes, with whom? _____

Does this person have ministerial experience?
Please list:

If no, is he or she:
A member of the local church? Yes _____ No _____
Name of the church that he/she is a member of:

Saved? Yes _____ No _____ Sanctified? Yes _____ No _____
Baptized in the Holy Spirit? Yes _____ No _____
Is he/she active in the local church? Yes _____ No _____

If yes, in what way? _____

Involved in a Christian witness? Yes _____ No _____
If English is not the first language of this person,
Does he or she use it well enough to do studies? Yes _____ No _____

Describe your relationship, including academics, with this person:

Describe the academic qualifications of this person for doctoral level work:

Do you recommend this person for ministry? Yes _____ No _____
Explain why or why not:

The Christian Ministry requires scholastic achievement and professional competence as well as a consecrated Christian life. In the space below, please comment on the applicant's qualifications and potential in these areas, mentioning his/her weaknesses as well as strengths. (Add a sheet of paper if you need more space.)

Printed name of Recommender

Signature of Recommender

Date

Position of Recommender

Address