

DOCTOR OF MINISTRY PROGRAM MINISTRY ORGANIZATION ENDORSEMENT

To the Applicant:

Please complete the top section before giving this form to a representative of your governing board or the person(s) having a supervisory relationship to you in your ministry.

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Notice: Public Law 93-380, the Family Education Rights and Privacy Act of 1974, grants all students the right to inspect and review all of their official records, including letters of recommendation. You may waive your right to inspect and review letters of recommendation by signing the waiver below.

☐ **I waive my right to review this recommendation and understand it will remain confidential.**

☐ **I do not waive my right to review this recommendation, but authorize the person completing this form to provide a candid evaluation.**

Signature of Applicant: _____ Date: _____

To the Endorser:

This request for a ministry organization endorsement is presented to you in your capacity as representative of the applicant's governing board, or because of your supervisory relationship to him/her in ministry. The endorsement should reflect an understanding of the expectations of the program and formal support of the applicant's desire to participate therein.* Any other comments concerning the applicant and his/her ministerial effectiveness would be welcome.

This section is to be completed by the individual(s) giving the recommendation.

Printed Name

Signed

Date

Address

Position

Email

Daytime Phone Number

*Information regarding this program may be obtained from the applicant's copy of the Doctor of Ministry Handbook, or by requesting information from CUSM. Please note that for DMin applicants, your endorsement indicates that you will permit the applicant to devote the necessary time to the program, and that you will participate in learning situations which may require the ministry organization's involvement.

Please return this recommendation to the CUSM Admissions Office. You may either send it in a sealed envelope through the US Postal Service, or scan it and email to CUSM@corban.edu. **NO ACTION CAN BE TAKEN ON THIS STUDENT'S APPLICATION UNTIL THIS FORM IS RETURNED.** Thank you for taking the time to complete and return this recommendation. Your thoughtfulness in its preparation is appreciated.