



DOCTOR OF MINISTRY PROGRAM REFERENCE FORM

☐ Ministry Colleague ☐ Member of Leadership Board ☐ Friend

To the Applicant:

Complete the top section and give this form to the person providing a reference. This should be an individual who has known you for at least a year and is familiar with your character and potential as a graduate student.

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.

Signature of Applicant: _____ Date: _____

To the recommender: The person named above is applying to Corban University School of Ministry and has requested your recommendation. CUSM is an evangelical, graduate-level, Christian institution committed to educating Christian leaders. Your thoughtful and candid responses will assist us in our admissions evaluation.

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

2. Please evaluate the applicant's qualifications by checking the appropriate box.

	Superior	Above Average	Average	Below Average	Comments
Ability to face problems realistically					
Concern for others and their needs					
Ability to present thoughts orally with clarity					
Ability to express thoughts clearly in writing					
Response to new ideas					
Emotional stability and maturity					
Character (moral and spiritual integrity)					
Ability to make good judgments					
Leadership ability					
Social relationships					
Willingness to receive instruction					
Quality of work					
Ability to work independently					
Ability to work with others					
Integration of spiritual values & life objectives					
Dependability					
Intellectual ability					
Financial responsibility					

(over)

studies? Yes No (If yes, please explain on a separate sheet of paper.)

If yes, how would you evaluate his/her marriage relationship?

Yes No If no, please explain on a separate sheet of paper.

[illegible]

☐ Highly Recommend ☐ Recommend ☐ Recommend with reservations ☐ Do not recommend

Recommender's Name: _____ Title: _____

Address:

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.