



DOCTOR OF MINISTRY FACULTY RECOMMENDATION

To the Applicant:

Complete the top section and give this form to a former professor. If a faculty recommendation cannot be obtained, give the form to a professional colleague who has earned at least a master's degree, and explain here:

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.

Signature of Applicant: _____ Date: _____

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

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

2. What are the strengths and weaknesses of the applicant? Include any information which would be helpful in our evaluation. Your comments could include recent experiences or incidents in the applicant's life, or even a general personality appraisal. Your comments should cover the applicant's academic performance (analytical, written and oral), teaching and leadership potential, personal character and motivation for graduate study and ministry. You may use a separate sheet of paper and attach it to this form if you desire.

3. Please evaluate the applicant's qualifications by circling the appropriate numbers.

Academic Ranking- How does this applicant compare academically with other students you have taught?

0 1 2 3 4 5 6 7 8 9 10 Not observed
Lower 50% Upper 50% Upper 25% Upper 10%

Creative Instinct- Evaluate applicant's response to new ideas.

0 1 2 3 4 5 6 7 8 9 10 Not observed
Resistant to Tolerant of Genuinely open to Creatively interacts with

Communication- Evaluate the applicant's ability to present thoughts orally with logic and clarity.

0 1 2 3 4 5 6 7 8 9 10 Not observed
Poor Occasionally Misunderstood Excellent

Communication- Evaluate the applicant's ability to write succinctly and in a systematic form.

0 1 2 3 4 5 6 7 8 9 10 Not observed
Poor Occasionally Misunderstood Excellent

Initiative- Evaluate the applicant's ability to work independently.

0 1 2 3 4 5 6 7 8 9 10 Not observed
Poor Good Excellent

Leadership- Evaluate the applicant's leadership quality.

0 1 2 3 4 5 6 7 8 9 10 Not observed
Never Leads Good Excellent

Cooperation- Evaluate the applicant's ability to work with others.

0 1 2 3 4 5 6 7 8 9 10 Not Observed
Unwilling Indifferent Usually willing Outstanding

Social Acceptance- How does the applicant's personality affect others?

0 1 2 3 4 5 6 7 8 9 10 Not Observed
Tolerated Accepted Well-liked Sought After

Spiritual Maturity- Evaluate the applicant's ability to integrate spiritual values with life objectives.

0 1 2 3 4 5 6 7 8 9 10 Not Observed
Immature Minimal Maturity Growing Maturity Deeply Mature

Academic Potential- Evaluate the applicant's potential for graduate-level work.

0 1 2 3 4 5 6 7 8 9 10 Not Observed
Limited Moderate Notable Exceptional

Professional Potential- Evaluate the applicant's potential to make a significant contribution to society.

0 1 2 3 4 5 6 7 8 9 10 Not Observed
Limited Moderate Notable Exceptional

4. Do you recommend this applicant for admission to the Doctor of Ministry Program at Corban University School of Ministry? Highly recommend Recommend Recommend with reservations Do not recommend

Signature: _____ Date: _____

Recommender's Name: _____ Title: _____

Department: _____ Institution/Organization: _____

Address: _____

Email: _____ Phone: (_____) _____

Please return this recommendation to the Graduate Admissions Office. You may either send it in a sealed envelope through the US Postal Service, or scan it and email to graduate@corban.edu.