



Houston Graduate School of Theology

Evangelical, Multicultural, and Ecumenical

Admissions Office, Doctor of Ministry Program
2501 Central Parkway, Suite A19

Houston, TX 77092

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REFERENCE FORM for the Doctor of Ministry Program

Date received: ___/___/___

For Office Use Only

REFERENCE EVALUATION

Instructions to the Applicant: Please complete the following before distributing the form to the referent. As a courtesy, send a stamped return envelope along with the form.

Name: _____

Address: _____
Street City/State Zip Country

Name of Referent: _____
 Denominational Supervisor Ministry Colleague Personal

Confidentiality:

Under the provisions of the Family Educational Rights and Privacy Act of 1974, registered students and alumni have access to their educational records, including letters of recommendation for admission. The Act further provides that applicants may waive that right in order to offer confidentiality to those making a recommendation. Please indicate your decision in this matter and sign.

PLEASE SEND THIS FORM DIRECTLY TO THE INSTITUTIONAL ADDRESS ABOVE IF WAIVER IS CHECKED

I waive the right to view this reference form I do not waive the right to view this reference form

Student Signature

Date

*The signing of this waiver is voluntary and not required as a condition for admission.
It is a matter between the applicant and the referent.*

Instructions to the Referent: The student named above has applied for admission to Houston Graduate School of Theology and has requested that you give an evaluation. We would be grateful if you would give your frank evaluation of the applicant by responding to the questions on the reverse side of this form. Houston Graduate School of Theology is a graduate/professional school that strives to equip men and women for various forms of Christian ministry. Each applicant is evaluated from several perspectives before a final admission decision is made. Among the indices evaluated are Christian experience, personal character, academic potential, and ministerial promise.

(please complete page 2)

Assessment of Applicant's Abilities

How long and in what context have you known the applicant?

	Inadequate	Doubtful	Adequate	Above Average	Exceptional	Unknown
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Instinct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifts for Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Among others with similar skills whom you have known, how would you rank this applicant?

Upper 10% Upper 25% Upper 50% Lower 50%

Applicant's chief need for personal development or improvement (attach extra sheet, if necessary).

Applicant's special assets for graduate study and the ministry (attach extra sheet, if necessary).

Please check the option below that best represents your recommendation:

Recommend with enthusiasm for admission Recommend with reservation (you may comment below)

Recommend for admission Do not recommend for admission (you may comment below)

Further comments:

Your complete name _____ HGST Alumnus Yes No

Position/Title _____ Church/Institution _____

Street Address _____ City, ST Zip _____

Telephone _____ Email _____

Signed _____ Date _____