

PERSONAL REFERENCE FORM

Master of Sacred Theology (S.T.M.)

Office of Graduate Studies
Concordia Theological Seminary
6600 N. Clinton Street
Fort Wayne, IN 46825-4996
Phone: (260) 452-2203
Fax: (260) 452-2285

APPLICANT: PLEASE COMPLETE THIS SECTION

Name of applicant _____

Department in which applicant intends to Major _____

WAIVER OF RIGHT TO ACCESS

If the waiver below is not signed, the applicant retains the legal right to view this reference form after it is submitted to the Graduate School. If the waiver is signed, the applicant forever waives the right to view this form. The applicant should understand that choosing not to waive the Right to Access could place the provider of the reference in an uncomfortable position, and this may diminish the usefulness of the recommendation as an element in the admission procedure.

**My signature on the lines below attests that I forever waive my
Right to Access to this form and the information it contains.**

Signature of Applicant

Date

_____ **I choose not to waive the Right to Access to this form and its information.**

PROVIDER OF REFERENCE: PLEASE COMPLETE THIS SECTION

For how many years have you known the applicant? _____ (If you have not been in contact for a period of time, please do not include the intervening years).

If you have not maintained contact, please state the number of years which have intervened.

What was/is your official relationship to the applicant? _____

PERSONAL QUALITIES

	<u>Low</u>				<u>High</u>	<u>Unable to Access</u>
Reliability, dependability	1	2	3	4	5	?
Persistence in completing work	1	2	3	4	5	?
Maturity, emotional stability	1	2	3	4	5	?
Aptitude for Ministry	1	2	3	4	5	?

SCHOLARLY APTITUDE

	<u>Low</u>				<u>High</u>	<u>Unable to Access</u>
Biblical Languages	1	2	3	4	5	?
Biblical Content and Isagogics	1	2	3	4	5	?
Philosophical, Conceptual Analysis	1	2	3	4	5	?
Christian Doctrine	1	2	3	4	5	?
Church History	1	2	3	4	5	?
World History	1	2	3	4	5	?
Pastoral Theology	1	2	3	4	5	?
Homiletical and Educational Theory	1	2	3	4	5	?
Social Sciences Pertinent to Ministry	1	2	3	4	5	?
Theology of Missions	1	2	3	4	5	?

OVERALL RECOMMENDATION REGARDING ADMISSION

_____ I recommend that this applicant be admitted to the S.T.M. Program.

_____ I recommend that this applicant be rejected.

COMMENTS

Kindly write a few sentences which may illuminate the items listed above.

PROVIDER OF REFERENCE - Please fill in the following information:

_____	_____
Printed Name	Date
_____	_____
Signature	Current Position
_____	_____
Institution	Address

Thank you for your assistance.