



**PERSONAL REFERENCE FORM**

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

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**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.**

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**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 that have intervened. \_\_\_\_\_

What was/is your official relationship to the applicant? \_\_\_\_\_

**PERSONAL QUALITIES**

	<u>Low</u>		<u>High</u>			<u>Unable to Assess</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 Assess</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 that may illuminate the items listed above.**

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**PROVIDER OF REFERENCE - Please fill in the following information:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Current Position

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address  
  
\_\_\_\_\_

*Thank you for your assistance.*