



Palmer Theological Seminary
*Doctor of Ministry Program in
Leadership of Missional Church Renewal*
Reference Form

Name of Applicant _____

Address _____

City _____ State _____ ZIP Code _____

Country _____

Home Phone () _____ Work Phone () _____

Email Address _____

AUTHORIZATION FOR WAIVER, which the applicant is to read and sign.

I understand my right under the U.S. Family Education Rights and Privacy Act of 1974 to review confidential appraisals placed in my file after January 1, 1975 that are submitted with reference to admission to a graduate or other school.

I do () I do not () waive my right to review this reference.

Date _____

Applicant's Signature _____

To the Applicant: Complete the above before giving this form to the individual who will be providing your reference.

To the Evaluator: The person named above has applied for admission to the Doctor of Ministry program at Palmer Seminary. Please provide information focusing on his or her commitment to Christian ministry, leadership qualities, character, emotional stability, academic ability, competency in present ministerial practice, and ability to benefit from this program.

In addition, if your letter represents the applicant's Congregational Board (or administrative superior), it should indicate the congregation's (or organization's) support for the applicant's doctoral study. (In addition to intensive residencies, this program requires one day of study per week.)

Please indicate which one of the following represents the perspective from which your letter is written:

Congregational Board

Denominational Official

Colleague

Layperson

Please attach your letter to this form and return both to us in the envelope provided, or use the address below.

Your name (printed)

Signature

Address

Position

City, State, Zip

Date

Palmer Theological Seminary
D.Min. Program
1300 Eagle Road
St. Davids, PA 19087