

Knox Theological Seminary

5555 North Federal Highway, Fort Lauderdale, Florida 33308
 Phone: 800.344.5669 Fax: 954.351.3343 E-mail: admissions@knoxseminary.edu

Academic Reference for D.Min. Applicants

Part 1 to be completed by the applicant:

Name of applicant: _____

Address of applicant: _____
Street

City State Zip Country

Applicant's Telephone: (____) _____ Program applied for: [Doctor of Ministry](#)

Part 2 to be completed by the reference person:

To the Professor or Professional Colleague:

We appreciate your honest estimate of this applicant. This reference will be kept in strictest confidence. Thank you for your assistance to us and the applicant.

Please mail this form directly to the Admission's Office at the address above.

Name: _____ Title/Position: _____

Educational/Professional Institution: _____

Address of Institution: _____
Street

City State Zip Country

Telephone: (____) _____

How long have you known the applicant? _____ years. How well do you know him?
 Very well ___ Fairly well ___ Casually ___ Not well ___

What particular association have you had with the applicant? _____

Are you related to the applicant? No ___ Yes ___ If yes, how? _____

Please evaluate the applicant's qualifications by checking the appropriate spaces below:

Qualification	Excellent (upper 5%)	Good (6-20%)	Satisfactory (21-50%)	Average or Below (Lower 50%)	No basis for Judgment
Intellectual ability					
Written communication skills in English					
Oral communication skills in English					
Leadership skills					
Teachability					
Ministry potential					
Perseverance and industry					
Teamwork					
Relates well to persons in authority					
Tolerance of opposing views					
Emotional stability					
Sociability or friendliness					
Self-image					
Diligence as a student					
Interpersonal skills					

**Academic or Professional reference for person seeking entrance in
The Doctor of Ministry Program**

In the space below please comment on the strengths and weaknesses you have observed in the applicant. Tell us about his readiness to enter a challenging academic program. Please comment on any experiences in the applicant's life that are important for us to know as we evaluate his application. Please comment on any history of criminal misconduct, church censure, relevant medical, moral, or psychological difficulties you are aware of. If necessary, use an additional sheet. If you prefer to speak with us in person, you may call us on our toll free phone number (1.800.344.5669). Ask to speak with Dr. Scott Manor.

Summary (check one):

Do not recommend: ___ Recommend with: reservation ___ confidence ___ enthusiasm ___

Signed: _____ Print Name: _____

DMNapp.