


DOCTOR OF MINISTRY STATEMENT OF REFERENCE
Perkins School of Theology at Southern Methodist University

To: _____
(Name of person making statement, to be filled in by applicant)

This is to inform you that I, _____, am applying for acceptance in the Doctor of Ministry Program at Perkins School of Theology, and I am giving your name as someone who would be willing to make an appropriate statement of reference. Please use this sheet to make a statement concerning my personal, professional, and academic qualifications for successfully completing this program of study. Thank you.

OPTIONAL WAIVER

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND
PRIVACY ACT OF 1974, SEC. 438 (A) (A) (B) (C), I HEREBY
WAIVE MY RIGHT TO REVIEW THIS STATEMENT.

DATE
(SIGNATURE OF APPLICANT)

PLEASE NOTE: IF THE APPLICANT WAIVES HIS/HER RIGHT TO REVIEW THIS STATEMENT BY SIGNING THIS WAIVER, IT WILL BE HELD CONFIDENTIAL. IF THE APPLICANT DOES NOT SIGN THE WAIVER, IT WILL BE ASSUMED THAT THE APPLICANT MAY REVIEW THE STATEMENT.

1. How long and in what capacity have you known the applicant, _____
(Name of applicant)

2. Please include below or on a separate sheet, information you have concerning the applicant's personal qualifications for ministry, his/her performance in ministry, and their probable ability to complete a degree in which a grade average of 80 (B, or 3.0) must be maintained.

3. Do you consider the applicant superior ____, above average ____, average ____, or below average ____, in performance or potentiality for the church's professional ministry?

Name of Reference _____ Signature _____

Address _____

Telephone (office) _____ (home) _____ Date _____

Please return to: Perkins School of Theology, SMU Doctor of Ministry Program, P. O. Box 750133, Dallas, TX 75275