

Professional Recommendation Form
Beeson Divinity School of Samford University
Doctor of Ministry Program



Applicant's Name _____

This recommendation is for the confidential use of the Doctor of Ministry Admissions Committee of Beeson Divinity School. This information will not be shared with the applicant or with other persons or institutions.

Recommender's Name _____

Recommender's Job Title _____

Recommender's Address _____

Recommender's Phone Number _____

How long have you known the applicant? _____

Has the applicant discussed his or her ministerial goals with you? _____

Please evaluate the applicant in the following areas:

	Outstanding	Above Average	Average	Below Average	Poor	No Information
• Integrity	5	4	3	2	1	N
• Judgment	5	4	3	2	1	N
• Emotional stability	5	4	3	2	1	N
• Maturity	5	4	3	2	1	N
• Commitment to church-related vocation	5	4	3	2	1	N
• Potential for effective ministry	5	4	3	2	1	N
• Academic ability	5	4	3	2	1	N
• Scholastic Achievement	5	4	3	2	1	N
• Skill in relating to others	5	4	3	2	1	N
• Financial Responsibility	5	4	3	2	1	N
• Spiritual Maturity	5	4	3	2	1	N

Do you know of any physical, mental, or emotional problems which might hinder effective work in Christian ministry? _____ (If yes, please elaborate on the back of this sheet.)

Do you know of any personal habits or personal prejudices which might hamper service in a church-related position? _____ (If yes, please elaborate on the back of this sheet.)

Do you recommend this person for admission? _____ If yes, please circle one:

With enthusiasm With confidence With some reservation With reluctance

Other Comments:

Thank you for your thoughtful response. Please return to:

Doctor of Ministry Office
 Beeson Divinity School
 800 Lakeshore Drive
 Birmingham, AL 35229