

Garrett-Evangelical Theological Seminary
Doctor of Ministry Program
Reference Form

Applicant Information

To (reference) _____

From (applicant) _____

I have given your name as a reference in applying for admission to Garrett-Evangelical Theological Seminary. I hope to begin study in January of _____ in preparation for the **Doctor of Ministry** degree. Please complete this form as soon as possible and mail it to Garrett-Evangelical Theological Seminary in the enclosed envelope.

_____ I hereby waive my right to access to this reference.

_____ I do not waive my right of access to this reference.

In either case, I understand that this form will be used only for admission purposes, and will not become a part of my file should I enroll at Garrett Evangelical Theological Seminary.

Date _____ Signature _____

Reference Instructions

As you are able, comment in detail about the applicant, using the following criteria:

1. Length of time you have known the applicant and how well you know him or her.
2. Academic performance and capacity for doctoral level work.
3. Particular strengths and weaknesses of the applicant.
4. Character and emotional stability.
5. History of applicant's interest in religion, the church, and its ministry.

Signature _____ Date _____

Institutional Affiliation _____

Position _____

Return this form directly to the Office of Admissions, Garrett-Evangelical Theological Seminary, 2121 Sheridan Rd., Evanston, IL 60201. To expedite application processing, you may fax your reference to 847.467.1269 or send by email attachment to getadmitted@garrett.edu with the hardcopy and this form forwarded to us in due course.