



Phillips Theological Seminary

Reference for Doctor of Ministry Application

To be completed by applicant and given to individual reference:

Applicant's Name: _____

Applicant's Email: _____ Applicant's Phone: _____

I agree that the recommendation I am requesting shall be held in confidence by the officials of Phillips Theological Seminary, and I hereby waive any rights I may have to examine it.

Applicant's Signature: _____ Date: _____

NOTE: if this waiver is not signed by the applicant, s/he has the right to inspect this recommendation.

The faculty of Phillips Theological Seminary would appreciate your candid evaluation of the above named applicant's academic abilities and personal qualities. We are particularly interested in your comments regarding his/her practice of ministry and capacity to engage in and benefit from doctoral-level theological education. (PLEASE TYPE OR PRINT THIS INFORMATION; ATTACH ADDITIONAL SHEETS IF NEEDED.)

Signature: _____ Date: _____

Name: _____ Position: _____

Church/Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

Please return to: PTS Office of Admissions 901 North Mingo Road Tulsa, OK 74116-5612