RECOMMENDATION FORM FOR DOCTOR OF MINISTRY APPLICANTS

Applicant Instructions. Enter data using PC keyboard and drop-down lists; then print and provide a copy of this form to each of the three persons you desire to provide a recommendation.

First Name MI Last Name Suffix

Recommendation Access Waiver ☐ I do ☐ I do not

Applicant Signature _____

Recommender Instructions. Please type your answer to the questions below on a separate page(s). Your answers will provide added insights beyond the applicant's academic record and will guide and supplement our personal interview. If you have any questions, please contact the Enrollment Services Office at 1.800.334.9922 x5210 or 202.541.5210. Thank you for your cooperation!

1. How long have you known the applicant? Describe the setting(s) in which you have interacted. [If you have been in a supervisory capacity for this applicant, please describe the quality of his/ her performance.]

2. The Doctor of Ministry is the highest professional degree in ministry. In what ways would this applicant contribute further to the field of ministry (e.g., in parish work, religious community settings, healthcare, education and/ or other contexts)?

3. What areas of growth and development would help to expand this applicant's understanding and practice of ministry?

4. Please provide any additional information that gives us a fuller understanding of this applicant as a candidate for the Doctor of Ministry in Christian Spirituality at the Washington Theological Union.

5. At the conclusion of your recommendation, indicate whether you recommend the applicant strongly, as acceptable or with reservation.

Name (printed) _____ Position/Title _____

Organization _____ Email/Telephone _____

Recommender Signature _____ Date _____

Sign and attach this sheet to your typed recommendation answers, then mail directly to:

Washington Theological Union
Attn: Enrollment Services Office
6896 Laurel St., NW
Washington, DC 20012

Print Form