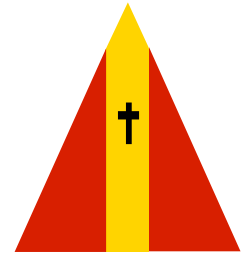


HOOD THEOLOGICAL SEMINARY
1810 Lutheran Synod Dr
Salisbury, North Carolina 28144



Doctor of Ministry Degree

Instructions for Letters of Endorsement/Recommendation

Each applicant for the Doctor of Ministry Degree must have two persons submit this form to your judicatory official (or, if none, a colleague) and a former professor. Please provide these persons with a copy of this form and a stamped envelope addressed to the Office of Admissions, Hood Theological Seminary, 1810 Lutheran Synod Drive, Salisbury, NC 28144.

Section I. To be filled out by the Applicant before forwarding to your Recommender

Your Full Name: _____

Your Mailing Address _____
P.O. Box or Street # City State Zip

Your Email Address _____ Phone: _____

Recommender's Name: _____

Recommender's Address: _____
P.O. Box or St. # City State Zip

Position: ___Judicatory Official; ___Professor (Or, if none, a colleague)

Under the family Education Rights and Privacy Act of 1974 (Buckley Amendment) which gives students the right to inspect and review their education records; students may waive their right to see specific confidential statements or endorsements. In the belief that applicants and recommenders may wish to preserve the confidentiality of any evaluations, you may waive, or not waive your right to see this completed form:

___ I **waive** my right to examine the contents of this evaluation

Applicant's Signature _____ Date: _____

___ I **do not waive** my right to examine the contents of this evaluation

Applicant's Signature _____ Date: _____

Section II. To be filled out by the person who is requested to endorse or recommend the above applicant to Hood Theological Seminary for admission to the program leading to the Doctor of Ministry Degree.

Please give your candid and thoughtful opinion of the applicant's ability for and commitment to graduate theological study by responding to the following questions. Since Hood Theological Seminary is in compliance with section 504 of the Rehabilitation Act of 1973, do not refer directly or indirectly to any disabilities the applicant might have.

This recommendation remains confidential during the application process. If the applicant has not waived his or her right to see this recommendation, your letter will become accessible to the applicant. If the applicant enrolls in this school, your letter will be included in the student's record.

The Admissions Committee will be grateful for your assistance.

I understand this to be a confidential evaluation concerning:

First Name

Middle Name

Last Name

A. How long and in what capacity have you known the applicant? _____

B. Please complete the personality traits ranking scale below:

5=Exceptionally high; 4=above average; 3=average; 2=marginal; 1=poor; 0=no basis to evaluate

<u>Personal Integrity:</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Emotional Stability:</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Spiritual Maturity</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Social graces</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Academic Ability:</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
Track Record in						
working with:						
<u>Laity</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Peers</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Supervisors</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Communication skill</u>						
<u>Oral</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Writing</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Clergy Performance</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Leadership Acumen</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Motivation/discipline</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>Goal Achievement</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>

C. In your judgment, what are the applicant's strengths? _____

D. What would be your concerns about the applicant pursuing a D.Min degree? _____

E. Do you have specific misgivings about the applicant balancing his/her various responsibilities at this time? ___No___ Yes. If yes, explain _____

F. What is your recommendation? ___Highly recommend ___Recommend
 ___Recommend with reservation ___Do not recommend

G. If there is other information about the applicant you wish us to know, please include it with this recommendation.

Recommender's signature

Position

Date

For additional information, call (704) 636-6455