



**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:**

\_\_\_\_\_

*Student's First Name*

*Student's Middle Name*

*Student's 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*