



New Orleans Baptist Theological Seminary
Professional Doctoral Program
Reference Form

Applicant: Please fill out the top section of the form before forwarding to each of your references. Request references for one of each type.

Return to: dmin@nobts.edu dedmin@nobts.edu pdc@nobts.edu

If you have any questions at all, please don't hesitate to call me on my direct line at 504.816.8292.
New Orleans Baptist Theological Seminary 3939 Gentilly Blvd. Box 406 New Orleans, LA 70126

Type of reference (**check only one**):

- Church Leader
- Academic
- Personal

Last Name: _____ Student ID: _____
First Name: _____ Middle Name: _____
City: _____ Phone: _____
State: _____ Zip: _____

I hereby waive my rights to have access to this evaluation form when completed and understand that this confidential recommendation is to be used only in consideration of my application to New Orleans Baptist Theological Seminary. I also give permission to the individual named in this document as a reference, to release his or her personal information and opinions of me to New Orleans Baptist Theological Seminary.

I hereby release, discharge, and hold harmless New Orleans Baptist Theological Seminary, its agents or representatives, and the individual named in this document as a reference from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such personal information and opinions.

Signature _____ Date _____

- By selecting this box, you are affirming that the name in the "signature" line stands in for your written signature and that all the information provided is accurate.

To the Recommender: Thank you for taking the time to give your honest evaluation of this applicant. This will help our Admissions Committee understand the applicant's potential for ministry. Please note if you feel you cannot adequately answer the questions, just sign the form and return to the Professional Doctoral Office. **When completed, please send it directly to the Professional Doctoral Office.** Please call us at the number above with any questions.

Name: _____ **Position or Title:** _____
Address: _____ **Phone:** _____
City: _____ **State:** _____ **Zip:** _____

Signature _____ **Date** _____

By selecting this box, you are affirming that the name in the "signature" is your written signature and that all the information provided is accurate.

Evaluation

Applicant's Name: _____

Recommender's Name:

1. How long have you known the applicant?
In what capacity?

2. What are the applicant's greatest strengths?

3. What are the applicant's weaknesses?

4. How well do you think the applicant has thought through his/her plans for ministry training (check one only)?

- Very thoroughly and examined all options
- Not sure should think through his/her plans more
- Other Explain:

5. Does the applicant evidence a "divine call" to ministry?

- Yes
- No

If yes, what area of ministry do you believe he/she has been called?

6. Please evaluate the applicant in the following areas:

S-Superior **A**-Average **NI**-Needs Improvement **NO**-Not Observed

- | | |
|--|------------------------------------|
| _____ Christian Character | _____ Denominational Soundness |
| _____ Leadership Ability | _____ Interpersonal Skills |
| _____ Sense of Responsibility | _____ Financial Responsibility |
| _____ Intellectual Ability | _____ Oral Expression |
| _____ Written Expression | _____ Personal Appearance/Neatness |
| _____ Self Confidence | _____ Ability to Accomplish Tasks |
| _____ Ability to Work Well with Others | |

7. Does the applicant or spouse/fiancé use tobacco, alcohol, or any drug?

- Yes
- No

If yes, please explain.

8. Has the applicant or spouse/fiancé ever been arrested for any reason?

Yes

No

If yes, please explain.

9. Does the applicant have any habits that might hinder them from an effective ministry?

Yes

No

If yes, please explain.

10. Has the applicant, in the past or at present, exhibited any sexual behavior that would be unbecoming of a minister?

Yes

No

If yes, please explain.

11. Has the applicant ever been divorced?

Yes

No

12. Has the applicant's spouse/fiancé ever been divorced?

Yes

No

13. Are you aware of any problems, in the past or present of the applicant or spouse/fiancé that could affect his or her training for ministry?

Yes

No

If yes, please explain.

14. Do you conscientiously recommend this applicant for ministry training at New Orleans Baptist Theological Seminary? (check one only)

- Highly recommend
- Recommend
- Recommend with reservation
- Cannot recommend

If you selected "cannot recommend" please explain.
