

# Recommendation of Colleague DOCTOR OF MINISTRY DEGREE

**TO THE APPLICANT:** Please provide the information requested on this portion of the form, then give the form to the person giving you a reference, along with a stamped envelope addressed to the **Office of Student Services/Admissions, New Brunswick Theological Seminary, 17 Seminary Place, New Brunswick, New Jersey, 08901**

Name of Applicant \_\_\_\_\_

Person writing recommendation \_\_\_\_\_

I hereby \_\_\_\_\_ WAIVE \_\_\_\_\_ DO NOT WAIVE my right to access to this recommendation in the event that I become a student at the institution and am accorded this right.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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Please comment briefly on your relationship to the applicant. Include in your comments your evaluation of the applicant's effectiveness in ministry leadership. Also, indicate your organization's intent to support the applicant in the doctoral program and your agreement to participate with the applicant during the course of doctoral studies.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Title/Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_