



For the Church in the World

3401 Brook Road Richmond, VA 23227

Telephone: (804) 278-4339 / Fax: (800) 665-8679 / Email: admissions@upsem.edu

## DOCTOR OF MINISTRY REFERENCE FORM

### FORM DEADLINE

Completed forms due by:

**March 15**

*Union Presbyterian Seminary does not discriminate among applicants to, or participants in, its degree programs on the basis of gender, sexual orientation, race, ethnicity, national origin, or physical disability.*

After completing the first section of this form, the applicant should deliver it to the reference with a stamped envelope addressed to the Director of Admissions at Union Presbyterian Seminary. If this recommendation is to be useful in the admissions process, the completed form must be received in the admissions office by the due date at left.

### SECTION 1 *(To be completed by the applicant)*

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

#### Access Waiver

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

I waive my right to inspect the contents of this recommendation.

I do not waive my right to inspect the contents of this recommendation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2 *(To be completed by the person serving as reference)*

If the applicant has waived right of access as indicated above, this form and any attachments will be examined only by faculty and staff directly involved in the admissions process. If the applicant has not signed the waiver, full confidentiality cannot be guaranteed.

#### Please attach your narrative comments on a separate sheet.

Union Presbyterian Seminary appreciates your candid evaluation of this applicant's qualifications and motivation for the proposed program of graduate study, and your appraisal of his or her capacity to complete the program successfully. Your rating of the applicant's ability and promise, in comparison with other students whom you know to have engaged in similar courses of graduate study, would be most helpful. If the applicant's first or native language is not English, we would also appreciate your assessment of his or her proficiency in English.

Please indicate how long, and in what capacities, you have known the applicant: \_\_\_\_\_

On the basis of your knowledge of the applicant, please indicate your overall recommendation regarding his or her admission by checking one of the items below:

- I recommend admission with enthusiasm, confident that the applicant will perform at a superior level.
- If admitted, the student should be able to sustain a satisfactory level of achievement in the program.
- Although the applicant's readiness to undertake this program successfully is limited or marginal, consideration of admission is still warranted (for reasons given in my written assessment).
- I am unable to recommend the applicant's admission.

Name of Reference \_\_\_\_\_

Position or Title *(if applicable)* \_\_\_\_\_

Institution/Address \_\_\_\_\_

City/State/Zip or Postal Code/Country \_\_\_\_\_

E-mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

*We are grateful for your assistance. This form is used solely for determining admission to the graduate degree programs of Union Presbyterian Seminary and is destroyed after an admission decision is made.*

Please mail the completed form directly to:

Director of Admissions, Union Presbyterian Seminary, 3401 Brook Road, Richmond, VA 23227

Or email to: admissions@upsem.edu