



**DOCTOR OF MINISTRY  
GLOBAL TRACK  
JUNE 2025**

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**Recommendation Form**

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**TO BE COMPLETED BY THE APPLICANT**

Applicant's Name \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Providence / State \_\_\_\_\_

Postal Code / Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

Type of Recommendation:  Clergy  Professor

The Family Education Rights and Privacy Act of 1974 gives the applicant the right to inspect letters of recommendation if admitted to the degree program and if there is a written request to see it. Waiver is not required as a condition of admission.

I waive my right to access this reference  I do not waive my right to access this reference.

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Signature of Applicant

Date

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**TO BE COMPLETED BY THE RECOMMENDER**

The person named above has applied for admission in the aforementioned degree program at Wesley Theological Seminary, and has indicated that you would be able provide a recommendation. We would appreciate your honest evaluation of this individual's capacities for post graduate work and work in the church. Your response is one of several being used to make an admission decision.

**RECOMMENDATION QUESTIONS**

1. How long and in what relationship you have known the applicant?
  
  
  
  
  
  
  
  
  
  
2. How does the home situation and family background bear upon the applicant's suitability for admission?
  
  
  
  
  
  
  
  
  
  
3. How will this person handle the academic requirements of post graduate theological education?  
(Please provide your assessment of the applicant's intellectual abilities.)
  
  
  
  
  
  
  
  
  
  
4. Indicate the applicant's greatest strengths and weaknesses as they pertain to ordained ministerial roles (e.g. preacher, pastor, educator, counselor, administrator, social ministry, etc.).
  
  
  
  
  
  
  
  
  
  
5. Overall Evaluation       Highly Recommend       Recommend with Reservations       Do not Recommend
  
  
  
  
  
  
  
  
  
  
6. Please provide any additional information that you feel we should know about this applicant.

May we contact you if we have additional questions? Yes       No

( \_\_\_\_\_ ) \_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Your Name (Please Print)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date