

PROVIDENCE THEOLOGICAL SEMINARY

2024 Ryecroft Lane
Franklin, TN 37064

E-Mail: Info@ptstn.org

THIS PORTION TO BE COMPLETED BY APPLICANT (please type or print clearly):

Name _____
Last First Middle

Address _____
Street City State Zip/Postal Code

Phone _____ Anticipated Program of Study _____

Notice: The Family Education Rights and Privacy Act of 1974 (Public Law 93-380, Buckley Amendment) grants all students the right to inspect their official educational records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

I hereby voluntarily waive my right to examine this confidential recommendation, knowing that this is not required as a condition for admission.

I do not waive my right to examine this reference, but I authorize the person completing this form to provide a candid evaluation

Signature of Applicant _____ Date _____

(The signing of this waiver is voluntary. It is a matter between the applicant and the person completing the recommendation.)

CHURCH REFERENCE

The Admissions Office takes very seriously the evaluation that you will give below. Our primary concern is to admit those who are deemed by their spiritual mentors to be called by God to ministry. We greatly appreciate your honest and careful consideration of the above-named applicant. You will note above whether or not the applicant has waived his right to examine this reference. Although the applicant may voluntarily waive the right to review this recommendation, it is hoped that a spirit of openness and candor will exist between the applicant and yourself. The best interests of the school and of the prospective student will be served if you provide a frank evaluation. Thank you for your cooperation.

Name (Please print) _____

1. How long have you known the applicant? _____

How well? Very well Rather Well Casually Not well

In what capacity? _____

2. Spiritual Maturity: Please check the appropriate box and write a short explanation in the space provided.

a. Relationship to **Christ** **OUTSTANDING** **COMPETENT** **MARGINAL** **NOT OBSERVED**

b. Relationship to **spouse/family**

OUTSTANDING **COMPETENT** **MARGINAL** **NOT OBSERVED**

c. Relationship to **church** body

d. Relationship to **those outside the church**

e. Applicant's **gifts and potential** for ministry

3. Personal Qualifications (*please feel free to comment on an additional sheet*):

- a. What have you (or the church) recognized as the applicant's primary qualifications both for study and for ministry and why (you may reference I Timothy 3)?
- b. How would the applicant respond to an academic training environment such as the one here at PTS and why?
- c. What might be the main hindrances to the applicant's time of study here and why?
- d. Please list **any and all** reservations you have concerning the applicant.
- e. Would you hire the applicant for your pastorate or church staff or prefer him/her as a colleague? Why/why not?

4. Summary

Can you conscientiously recommend the applicant for admission to Providence Theological Seminary?

If yes, check one: Enthusiastically With Confidence With the following reservations:

Do not recommend Please contact me for further information

Signature _____

Position _____

Church _____

Address _____
Street City State Zip/Postal Code

Phone _____ Date _____

Please mail this form directly to Providence Theological Seminary in a sealed envelope. Thank you for your help.