Louisville Presbyterian Theological Seminary MDIV-MAMFT-MAR Reference Form

You can fax this form to 502.992.9399 or email it to the Office of Admissions at admissions@lpts.edu. Questions? Call us at 1.800.264.1839.

The questions below that show a red asterisk (*) are required fields.

Applicant's Name*

Program(s) Applied for: *

Master of Divinity (MDiv)
 Master of Arts (Religion) (MAR)
 Dual Degree Program

Type of Reference *
Academic
Pastoral
Professional or Personal

Your Name*

Occupation or Title*

Email*

Phone Number*

Your Full Address

Your Thoughts

1. How long and in what roles have you known the applicant? *

At Louisville Seminary, we are looking for students who possess:

- •Confidence to participate in class discussions
- •Ability to do graduate level reading and writing
- Perseverance
- •Openness to learning in a diverse environment
- •Critical awareness of how social location affects one's perception of others and the world
- •Ability to integrate insights from experiences in the wider world into their learning

2. In your experience, what 2-3 specific instances lead you to affirm that the applicant demonstrates these characteristics and will be a successful seminary student? *

At Louisville Seminary, we are looking for students who demonstrate strong abilities for ministry such as:

- •Strong work ethic
- Creativity
- •Relationship to Christ
- •Commitment to service to the Church and the world
- •Gifts for working with and relating to people, including a sense of appropriate personal boundaries
- Resourcefulness
- •Ability to problem-solve

3. What evidence do you see that the applicant has a sense of call to ministry? *

4. What reservations, if any, do you have regarding the applicant's promise for ministry or seminary studies? Please be specific.*

(For example, does the applicant require significant academic improvement? Do they lack personal or spiritual readiness for ministry?)

Your Recommendation and Signature

Recommendation: *

□I recommend this applicant without reservation.

- \Box I recommend this applicant.
- \Box I recommend this applicant with reservation (see above).
- \Box I cannot recommend this applicant.

Your Name*

I certify that all information submitted in this form is my own work, factually true, and honestly presented. Please note all recommendations are subject to verification of authenticity without notice. Any attempt to fraudulently complete the online recommendation will impact the candidate's potential recommendation.

Date submitted:

Your input for this applicant is highly valuable to us throughout the admissions process. We respect your time and effort as well as your privacy. Applicants waive the right to access reference letter information and each reference submission is destroyed at the beginning of each corresponding academic term. All application information submitted becomes property of Louisville Seminary and is not returnable to you or transferable to a third party.

We admit students without regard to ethnic and national background, sex, religion, age, or physical ability. Students are considered on the basis of individual merit and factors such as those listed above have no bearing on admissions or financial aid decisions.