



REFERENCE FORM

Doctor of Ministry Degree Program

This reference form is a fillable PDF that you can download. Upon completion, save the file and email it to admissions@lpts.edu with "Reference Form – *Your Name*" in the subject line. Questions that show a red asterisk (*) are required fields.

Application and supporting materials can also be printed and faxed to 502.895.1096 or mailed to:

Office of Admissions
Louisville Presbyterian Theological Seminary
1044 Alta Vista Road
Louisville KY 40205-1798

For questions, please contact the Admissions Office at:
800.264.1839 ext. 369 | 502.992.9369 | admissions@lpts.edu | www.lpts.edu

REFERRAL INFORMATION

Applicant Name*: _____

Degree Sought*:

- Doctor of Ministry – Advance Practice
- Doctor of Ministry – Pastoral Care and Counseling
- Doctor of Ministry – Black Church Studies

Type of Reference (Choose one)*:

- An ecclesiastical supervisor
- A peer in ministry
- Former professor
- A layperson from your ministry site

Your Name*: _____

Your Occupation/Job Title*: _____

Street Address*: _____

City*: _____ State*: _____ Zip*: _____ Country*: _____

Phone Number*: _____ Email Address*: _____

YOUR THOUGHTS

The Advanced Degrees Committee and the Office of Admissions consider your reference an important part of the application process. Your time and thoughtfulness in furnishing this information are greatly appreciated. In the best interest of the prospective student as well as the seminary, we urge you to make your comments both candid and substantive. They will be of value in judging the applicant's qualifications for admission as well as in planning an educational program responsive to both professional and personal expectations.

- 1. How long, how closely, and in what contexts (local faith community or denominational relationships, educational relationship, or personal relationship) do you know the applicant*?**

2. How would you evaluate the applicant's ability to engage in graduate/professional studies*?

3. How would you assess the applicant's strengths and limitations, usual ways of relating to others, leadership qualities, potential for church leadership in the future, and coping abilities under stress or conflict*?

4. How open and flexible is the applicant to different viewpoints and perspectives on religions, social, and intellectual issues*?

5. (For denominational reference only.) What is the applicant's formal status with your denomination or faith community?

YOUR RECOMMENDATION AND SIGNATURE

Recommendation:

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*.

Yes

No

Your Name (This serves as your signature.)*: _____

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.