

**Laity Recommendation Form**  
**Beeson Divinity School of Samford University**  
**Doctor of Ministry Program**



**Applicant's Name** \_\_\_\_\_

This recommendation is for the confidential use of the Doctor of Ministry Admissions Committee of Beeson Divinity School. This information will not be shared with the applicant or with other persons or institutions.

**Recommender's Name** \_\_\_\_\_

**Recommender's Job Title** \_\_\_\_\_

**Recommender's Address** \_\_\_\_\_

**Recommender's Phone Number** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

**Has the applicant discussed his or her ministerial goals with you?** \_\_\_\_\_

**Please evaluate the applicant in the following areas:**

	Outstanding	Above Average	Average	Below Average	Poor	No Information
• Integrity	5	4	3	2	1	N
• Judgment	5	4	3	2	1	N
• Emotional stability	5	4	3	2	1	N
• Maturity	5	4	3	2	1	N
• Commitment to church-related vocation	5	4	3	2	1	N
• Potential for effective ministry	5	4	3	2	1	N
• Academic ability	5	4	3	2	1	N
• Scholastic Achievement	5	4	3	2	1	N
• Skill in relating to others	5	4	3	2	1	N
• Financial Responsibility	5	4	3	2	1	N
• Spiritual Maturity	5	4	3	2	1	N

Do you know of any physical, mental, or emotional problems which might hinder effective work in Christian ministry? \_\_\_\_\_ (If yes, please elaborate on the back of this sheet.)

Do you know of any personal habits or personal prejudices which might hamper service in a church-related position? \_\_\_\_\_ (If yes, please elaborate on the back of this sheet.)

Do you recommend this person for admission? \_\_\_\_\_ If yes, please circle one:

With enthusiasm      With confidence      With some reservation      With reluctance

Other Comments:

Thank you for your thoughtful response. Please return to:

Doctor of Ministry Office  
 Beeson Divinity School  
 800 Lakeshore Drive  
 Birmingham, AL 35229