



# MORAVIAN THEOLOGICAL SEMINARY

**Send all information directly to:**

Office of Enrollment  
Moravian Theological Seminary  
1200 Main Street  
Bethlehem, PA 18018-6650  
seminary@moravian.edu  
Fax: 610-861-1569

## REFERENCE FORM

**CONFIDENTIAL INFORMATION:**

Reference Forms are used solely by the Admissions Committee for the purpose of determining a decision of admissions for the applicant. Upon the Committee's decision, Reference Forms are destroyed and do not become part of the student's educational file.

**TO BE COMPLETED BY THE APPLICANT**

Name of Applicant \_\_\_\_\_ Degree Program \_\_\_\_\_

Name of Reference \_\_\_\_\_

Relationship to Applicant:     Vocational Mentor/Pastor     Professor\*     Character Reference     Spiritual Director\*\*

\*if professor unavailable, supervisor or employer acceptable

\*\*for SD Certificate candidates ONLY

**To the applicant:** To comply with the Federal Education Rights and Privacy Act of 1974, we provide the following waiver pertaining to your access to reference forms. You may waive your right to access reference forms by signing below. Should you choose not to waive this right, you will have access to the reference forms only if you enroll at Moravian Theological Seminary.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE**

1. How well do you know the applicant?     Not very well     Rather well     Very well

2. Please rate this applicant on the following:

	Exceptional	Very Good	Able	Adequate	Doubtful	Not Known
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student's suitability for professional role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills (listening skills, empathy for others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity & ethical behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please attach a separate page to answer the following questions:**

- What are the intellectual, spiritual and personal qualities this person exhibits that indicate future success in academic study of the proposed degree or certificate program? Please be specific.
- Do you have any reservations about this person's ability to do graduate work or to function effectively in their chosen role? Please comment.
- How well suited is the applicant to work in the area of academic interest indicated by the proposed degree or certificate program?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Position \_\_\_\_\_

\*\*Spiritual Directors: please indicate where you received training \_\_\_\_\_

*Thank you for your time and thought. Please return this form to the address above as soon as possible.*