DOCTOR OF MINISTRY m at

Prins School of Theologya nd I an giving your name as someone ho wuld billing to mak an appropriatetatement of reference. Pease use this sheet to mak a statement concerning mypersonal, professional, and academic qualifications for successfully completing this program f study Thanky ou.

	OPTIONAL WAIVER		
I	N ACCORDANCE WITH THE FAMILY EDUCA' PRIVACY ACT OF 1974, SEC. 438 (A) (A) WAIVE MY RIGHT TO REVIEW THIS S	(B) (C), I HEREBY	
_	Da		
	(SIGNATURE OF APPLICAN	T)	
PLEASE NOTE: IF THE APPLICANT WAIVES HI	S/HE		
tyXah mpi ani nimişadal	hep be be by to: opm	etagi n bu hag	dag 180 (B, a 3.))
na telian el			
3. Do you consider the applicant superio for the church's professional ministry?	r, above average, average	_, or below average, in p	erformance or potentiality
Name of Reference		Signature	
Address			
Telephone (office)			
Please return to: Perkins School o			