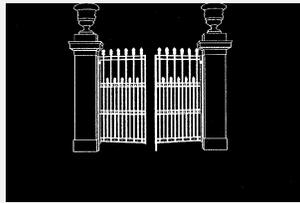


**NEW ORLEANS BAPTIST
THEOLOGICAL SEMINARY**

Office of Research Doctoral Programs
862 Columbia Dr.
Decatur, GA 30030
1-800-NOBTS-01



PERSONAL EVALUATION

Doctor of Musical Arts
Doctor of Philosophy

THIS PART IS TO BE COMPLETED BY THE APPLICANT

Please use black or blue ink.

NAME _____
LAST (Family) FIRST MIDDLE

APPLICATION FOR SCHOOL YEAR _____ DEGREE _____ MAJOR _____

AUTHORIZATION

TO THE APPLICANT: I understand this letter of evaluation is to be received and maintained in confidence by New Orleans Baptist Theological Seminary for admission consideration for graduate status. I hereby expressly waive my right to have access to this evaluation form, when completed, and understand that this confidential recommendation is to be used only in consideration of my application to New Orleans Baptist Theological Seminary. I also give permission to the individual named in this document as a reference to release his or her personal information and opinions of me to New Orleans Baptist Theological Seminary.

I hereby release, discharge, and hold harmless New Orleans Baptist Theological Seminary, its agents or representatives, and the individual named in this document as a reference, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such personal information and opinions.

SIGNATURE OF APPLICANT _____ DATE _____

NAME OF RECOMMENDER _____

Please mail or give this form to your reference.

TO THE RECOMMENDER

Please use black or blue ink.

THE STUDENT NAMED ABOVE is applying for admission to New Orleans Baptist Theological Seminary and has requested that you give an evaluation.

The research doctorate (D.M.A. or Ph.D.) is designed to prepare students for a vocation in theological teaching in an academic setting, denominational service, or local church ministry. Admission is based on (1) superior intellectual ability, as demonstrated by grade point average, Graduate Record Examination scores, and references, and (2) a first theological degree from an accredited institution.

We would be grateful if you would give your frank evaluation of the applicant by responding to the questions listed. Mail or deliver this completed form to the applicant in the envelope provided, **being sure to seal and sign the flap**. The applicant has been instructed *not* to open the envelope, but to forward it to the Associate Dean of Research Doctoral Programs with the application materials. The advantage of this system is that the student knows when the application is complete. Thank you for your part in this important phase of the applicant's life. NOTE: If you prefer to mail your recommendation directly to us, please feel free to do so. We ask, however, that you notify the applicant of your action. To avoid delays in processing the application, promptly respond and mail the form to: New Orleans Baptist Theological Seminary, Associate Dean of Research Doctoral Programs, 862 Columbia Dr., Decatur, GA 30030. If you would like to speak with the Office of Research Doctoral Programs, you may call 1-800-NOBTS-01.

ASSESSMENT OF APPLICANT'S ABILITIES

- 1. How long have you known the applicant and in what capacity?

- 2. What characteristics do you consider to be the greatest strengths or talents of the applicant?

- 3. What characteristics do you consider to be weaknesses of the applicant?

- 4. If the applicant is not a U.S. citizen, please state how well the applicant speaks and understands English. If the applicant does experience difficulty, please comment. _____

- 5. How thoroughly do you think the applicant has thought out his or her plans for seminary studies?
___ Very thoroughly; has explored all the possibilities
___ Has reservations; needs to think through his or her plans more
___ Other, please explain _____

- 6. The applicant has discussed his or her goals with me. ___ Yes ___ No Comments:

- 7. The applicant seems to have a sincere "divine call" to ministry. ___ Yes ___ No If yes, to what type or area of ministry do you believe he or she has been called? _____

- 8. Does the applicant or spouse, if married, use alcohol or any other drug? ___ Yes ___ No If yes, please explain.

- 9. Does the applicant have any personal habits which you are aware of that might hinder him or her from an effective ministry?
___ Yes ___ No If yes, please explain. _____

10. Has the applicant exhibited any sexual behavior that would be unbecoming a minister? Yes No If yes, please explain. _____

11. Has the applicant ever been divorced? Yes No

12. Are you aware of any problems in the applicant or spouse, if married, past or present (such as medical, emotional, social, or marital) which might indicate a problem which could affect the student's training or potential for ministry? Yes No
 If yes, please explain. _____

13. How would you describe the attitude of the applicant's spouse regarding doctoral studies?
 Very positive Positive Neutral Negative

14. In your opinion, would the applicant's spouse be happy in a role of support to the applicant's ministry? Yes No
 If no, please explain. _____

15. Please check which of the following descriptions apply to the applicant.

	Inadequate	Adequate	Strong	Outstanding	No information
Christian commitment					
Basic theological knowledge					
Aptitude for advanced study					
Skills in foreign languages					
Writing skill					
Potential in research					
Potential for publication					
Skill in spoken communication					
Personal maturity					
Ability to complete a rigorous course of graduate study					
Vocational prospects as a teacher					
Vocational prospects in ministry					
D.M.A. applicants only: Vocational prospects as a music performer					

16. Do you recommend this applicant to New Orleans Baptist Theological Seminary?
 Highly recommend Recommend Recommend but with reservation Do not recommend

17. This space is provided for you to write your personal evaluation about the applicant's potential to pursue doctoral studies at New Orleans Baptist Theological Seminary in preparation for the ministry to which he or she feels called.

NAME OF RECOMMENDER _____

POSITION OR TITLE _____

SCHOOL, FIRM, CHURCH _____

STREET ADDRESS _____

CITY/STATE/ZIP _____ TELEPHONE (_____) _____

SIGNATURE OF RECOMMENDER _____ DATE _____