



# Phillips Theological Seminary

## Reference

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To be completed by applicant and given to individual reference:

Applicant's name: \_\_\_\_\_

Degree:  M. Div.     M.T.S.     M.A.M.C.     M. Div Inquiring

I agree that the recommendation I am requesting shall be held in confidence by the officials of Phillips Theological Seminary, and I hereby waive any rights I may have to examine it.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** If this waiver is not signed by the applicant, he/she has the right to inspect this recommendation.

Applicant's Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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The faculty of Phillips Theological Seminary would appreciate your candid evaluation of the above named applicant's academic abilities and personal qualities. We are particularly interested in your comments regarding his/her promise for ministry and capacity to engage in and benefit from graduate theological education. (Please type or print this information; attach additional sheets if needed.)



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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Church/Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please return to:*  
 Phillips Theological Seminary  
 Office of Admissions  
 901 North Mingo Road  
 Tulsa, OK 74116-5612