

Louisville Presbyterian Theological Seminary  
DMin Reference Form

The questions below that show a red asterisk (\*) are required fields.

Questions? Call us at 1.800.264.1839. If you would prefer to email or mail us the following information, please do so at [admissions@lpts.edu](mailto:admissions@lpts.edu) or:

Louisville Presbyterian Theological Seminary  
1044 Alta Vista Road  
Louisville, KY 40205

**Applicant's Name\***

**Degree Sought\***

- Doctor of Ministry - Advance Practice
- Doctor of Ministry - Pastoral Care & Counseling
- Doctor of Ministry - Black Church Studies

**Type of Reference (Choose One)\***

- Ecclesiastical/Governing Body
- Peer in Ministry
- Professor
- Current Work Supervisor
- Layperson
- Interim Education Faculty Member (if applicable)

**Your Name\***

**Occupation/Position\***

**Address\***

**Phone Number\***

**Email\***

The Advanced Degrees Committee and the Office of Admissions consider your reference an important part of the application process. Your time and thoughtfulness in furnishing this information are greatly appreciated. In the best interest of the prospective student as well as the seminary, we urge you to make your comments both candid and substantive. They will be of value in judging the applicant's qualifications for admission as well as in planning an educational program responsive to both professional and personal expectations.

**1. How long, how closely, and in what contexts (local faith community or denominational relationships, educational relationship, or personal relationship) do you know the applicant?\***

**2. How would you evaluate the applicant's ability to engage in graduate/professional studies?\***

**3. How would you assess the applicant's strengths and limitations, usual ways of relating to others, leadership qualities, potential for church leadership in the future, and coping abilities under stress or conflict?\***

**4. How open and flexible is the applicant to different viewpoints and perspectives on religious, social and intellectual issues?\***

**5. (For denominational reference only) What is the applicant's formal status with your denomination or faith community?**

"I certify that the foregoing statements and ALL other information submitted by me in connection with this reference are true and correct." Please check your response below. Selecting YES will indicate that you DO certify your submitted reference. \*

Yes

No

**Your Name\***

This serves as your signature

**Date\***

If you have completed this form correctly you will receive an acknowledgement message. If you feel that this form is not working correctly, please contact the Office of Admissions by e-mail and describe your problem.

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