



# Reference Form

Please return completed form to:  
**Wartburg Theological Seminary**  
 Office of Admissions  
 PO Box 5004  
 Dubuque, IA 52004-5004

**This portion to be completed by applicant:**

Name of Applicant _____				Program of Study _____					
Address of Applicant _____				City _____		State _____		Zip _____	
Home Phone _____			Work Phone _____			Email Address _____			
Name of Reference who will fill out this form _____						Date _____			
Address of Reference _____				City _____		State _____		Zip _____	
Home Phone _____			Work Phone _____			Email Address _____			
<p>Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:</p> <p>➤ I do waive my right to examine this form. _____</p> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 40px;"> <span>Applicant Signature</span> <span>Date</span> </div> <p>➤ I do <b>not</b> waive my right to examine this form. _____</p> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 40px;"> <span>Applicant Signature</span> <span>Date</span> </div>									

**This portion to be completed by the reference:** *Your candid appraisal is appreciated*

What is your relationship to the applicant? Describe how well you know h im/her and for how long.

2. Please circle where you assess the applicant's abilities:

Meaning of continuum:      1 = Inadequate      5 = Adequate      10 = Exceptional      N = Not Observed

1	2	3	4	5	6	7	8	9	10	N	1	2	3	4	5	6	7	8	9	10	N
academic ability											openness, non-defensiveness										
1	2	3	4	5	6	7	8	9	10	N	1	2	3	4	5	6	7	8	9	10	N
common sense											oral communication skills										
1	2	3	4	5	6	7	8	9	10	N	1	2	3	4	5	6	7	8	9	10	N
energy and initiative											written communication skills										
1	2	3	4	5	6	7	8	9	10	N	1	2	3	4	5	6	7	8	9	10	N
creativity and imagination											quality of work										
1	2	3	4	5	6	7	8	9	10	N	1	2	3	4	5	6	7	8	9	10	N
quality of interpersonal relationships											motivation for program of study										

3. Evaluate the applicant with respect to the following characteristics. *Please elaborate to assist our evaluation of the applicant.*

a. Professionalism (i.e., attitude toward change, reliability, practical judgment)

b. Personal Development (i.e., emotional stability, personal integrity, maturity)

c. Interpersonal Abilities (i.e., ability to work with others, care for others, leadership abilities)

4. As you presently know the applicant, are you willing to recommend him/her for ordained/lay professional ministry?

5. Is there anything that would detract from the applicant's effectiveness as an ordained or lay church professional?

*Please attach a sheet of paper for additional remarks. We depend on your candor. If you have any questions, please call the Admissions Office at 1-800-225-5987. Thank you!*

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Reference Signature

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Date