DOCTOR OF MINISTRY m at

Prins School of Theologya and I am giving your name as someone to would billing to make an appropriate tatement of reference. Pease use this sheet to make a statement concerning mypersonal, professional, and academic qualifications for successfully completing this program f study. Thanky ou.

	(SIGNATURE OF A	EDUCATIONAL RIGHTS AND B (A) (A) (B) (C), I HEREBY EW THIS STATEMENT. DATE	
PLEASE NOTE: IF THE APPLICANT WAIVE:	S HIS/HE		
tykh n þ e in nimbyd san tloðan eil	tp b b b by t	n by	$hag deg 80 (B, \alpha 3.0)$
3. Do you consider the applicant superior, above average, average, or below average, in performance or potentiality for the church's professional ministry?			
Name of Reference		Signature_	
Address			
Telephone (office)	(home)		Date

Please return to: Perkins School of Theology, SMU Doctor of Ministry Program, P. O. Box 750133, Dallas, TX 75275