

# Harding University – Master of Ministry Reference Form

The person named below has made application to the Master of Ministry program at Harding University. The purpose of the program is to equip an increasing number of Christians as professional and non-professional ministers capable of serving effectively and encouraging others in Christian service in the local church and the world.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

Applicant has waived the right to see the information provided below (circle) YES NO

Your help in filling out the information below is appreciated very much. The applicant should have provided you with a stamped, addressed envelope. Please return this form directly to Harding rather than to the applicant:

Dr. Bill Richardson  
Harding University  
Master of Ministry Program  
Box 12236  
Searcy, Arkansas 72149-2236

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Your area of involvement within the local church: \_\_\_\_\_

Your relationship to the applicant: \_\_\_\_\_

Length of time you have known the applicant \_\_\_\_\_

1. Please list the ways in which the applicant has served or is serving in the local church of which you are aware.

2. The Master of Ministry is a graduate level Bible program. From what you know of the applicant, is he/she able to perform academically at a graduate level?
  
3. This program helps people develop skills for ministry. What do you consider to be the applicant's strengths for serving in the church?
  
4. What are the areas in which the applicant needs to develop most in his/her desire to serve within the local church, in your opinion?
  
5. Would you recommend the applicant for admission into the Master of Ministry program? Please explain or provide additional comments in the space below.
  
6. Would you like to be contacted by a representative of the program to speak further about the applicant?

Thank you!!