

229 Seminary Drive Dyer, IN 46311 p. 219.864.2400 f. 219.864.2410

Pastor's Reference

Name:					
Address:					
Number, Street, and Apt #		City	State/Province	Zip/Postal Code	Country
Degree being pursued:	☐ Master of Divinity	☐ Master of Theologic	cal Studies		
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A member of your congregation has applied for admission to Mid-America Reformed Seminary to pursue the degree indicated above.

As the admissions committee attempts to assess the spiritual gifts and abilities of the applicant we will appreciate your comments and insights. As the applicant's pastor, you are in the best position to provide the kind of information which will be most useful to us.

We appreciate your thoughtful evaluation and ask that you give special attention to the following areas:

- spiritual growth
- gifts
- qualities of leadership
- weaknesses

Please make any comments concerning the applicant that would help us in considering admissibility.

Please note the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, listed above. If the student has not signed the waiver, it is possible he/she will request and receive permission to review this material in the presence of his/her faculty advisor. The submitted information will be used by the Seminary only and is requested in order to prepare the student's admissions profile.

Please address the areas listed above in a separate document and attach it to this sheet.

Information about the Reference (to be filled out by the pastor)	
Pastor's Name:	
	Phone Number
Church Name & Address:	
Signature	Date
After completing this form, please mail it to the Registrar at Mid-America Reformed S	Seminary or email to admissions@midamerica.edu.