

# ORU

ORAL ROBERTS UNIVERSITY

## DOCTOR OF MINISTRY APPLICATION

GRADUATE SCHOOL  
OF THEOLOGY &  
MINISTRY

# ORU

MAKE NO  
LITTLE PLANS  
HERE

# ADMISSIONS REQUIREMENTS FOR ORU DOCTOR OF MINISTRY DEGREE

## EDUCATION

Applicants must hold a first professional theological degree (Master of Divinity or its academic equivalent) with a minimum cumulative grade point average of 3.00 or above.

## EXPERIENCE

Since the achievement of a new level of competence in the practice of ministry is the primary goal of the program, applicants will have a minimum of three years ministry experience subsequent to the first Graduate Theology degree.

## REQUIREMENTS CHECKLIST

Please send the following listed items to the office of Graduate Theology Admissions. All transcripts are to be sent directly by the university/college to the attention of ORU Graduate Theology Admissions. Transcripts received directly from the applicant are considered unofficial and will not be used toward completion of one's application file, unless received in their original sealed envelopes. Recommendation forms may not be completed by immediate family members. Application files are reviewed when the following items are received.

☐ **Applicant Information**

☐ **Application Processing Fee \$35**

☐ **Official Transcripts**

Official transcripts must be received directly from all colleges and universities attended in their original sealed envelopes (international students see below). This also includes all technology and unaccredited schools.

☐ **Honor Code**

All ORU students accept the Honor Code as their lifestyle while at ORU. Your signature on this form acknowledges your acceptance of the ORU lifestyle.

☐ **Ecclesiastical Recommendation**

This form is to be completed by your spiritual overseer or church leader who is not a relative.

☐ **Academic Recommendation**

An academic recommendation is required from a current or former professor. This recommendation may be returned to ORU by the applicant or the person submitting the reference.

☐ **Professional Recommendation**

A professional recommendation is required from a colleague in ministry. This recommendation may be returned to ORU by the applicant or the person submitting the reference.

☐ **Layperson's Recommendation**

A recommendation is required from an individual who is under your ministerial care or supervision. This recommendation may be returned to ORU by the applicant or the person submitting the reference.

membership of each pastorate. If your ministry is not in a local pastorate, provide a thorough description of it. It is understood that there may be considerable variety in the experiences of applicants who are in full-time ministry.

☐ **Plans for Continuing in Full-Time Ministry**

The Doctor of Ministry degree is an 'in ministry' degree. All applicants are required to continue in a recognized form of full-time ministry for the duration of the program. Please state your plans for continuing in ministry.

☐ **Statement of Reason for Applying to ORU**

Indicate your reason for desiring a Doctor of Ministry degree. Why did you choose ORU?

☐ **Finances**

Discuss how you plan to finance your Doctor of Ministry program if accepted. How will your church or present ministry assist with your expenses?

## ADDITIONAL ITEMS

☐ **Tuition Deposit**

After admission has been granted, a nonrefundable advance tuition payment in the amount of \$150 is required. However, the seminary administration has waived the \$150 Enrollment Deposit for all new students who will not be residing on campus and will attend courses during the upcoming term. If you choose to petition to live on campus or delay your start to a later entry term, the \$150 Enrollment Deposit will be required.

☐ **Medical Assessment**

In accordance with the University philosophy of educating the whole person (mind, body and spirit), all students are required to participate in the University's health and fitness program. A medical assessment form must be completed and submitted to the University prior to your enrollment in health and fitness courses. A copy of this form is located at [studenthealth.oru.edu](http://studenthealth.oru.edu). Students approved to live in University housing are required to submit immunization records as listed on the medical assessment form.

## ESSAYS

The following essays are to be submitted with your application form. On separate sheets of paper, please provide the following information for the Admissions Committee.

☐ **Autobiographical Statement**

Present an account of your understanding of your call into full-time ministry. State your self-understanding of your ministry in the light of biblical, theological, and historical insights. Also indicate your areas of strengths and weaknesses as you have carried out your ministry. This comprehensive statement must not be less than five hundred words.

☐ **Ministerial Experience**

Submit a comprehensive account and description of your ministerial context and experience. Include the names of all churches/pastorates served, responsibilities, dates and positions held and

*See next page for international admissions requirements.*

## INTERNATIONAL STUDENTS - ADDITIONAL ADMISSION REQUIREMENTS

☐ **TOEFL or IELTS Test Score**

International students whose first language is not English are required to sit for the Test of English as a Foreign Language (TOEFL - minimum score of 550 paper-based) or the IELTS (minimum band score of 7.0), and submit a score from within the past two years. For further information, go to [www.ets.org](http://www.ets.org) or [www.ielts.org](http://www.ielts.org).

☐ **International Student Financial Guarantee Form**

All international students are required to document verification of their financial support for the first year of study. Support must be verified prior to the University issuing a Form I-20. The Form I-20 is needed in order for an applicant to be issued a student visa. A new financial agreement form with verification of funds is required each year. The guarantor must guarantee to meet the actual expenses incurred for each year the applicant is enrolled at ORU

☐ **Sevis Transfer Request**

This form is required of international students in F-1 Status transferring to ORU from another U.S. school.

☐ **World Educational Services (WES)**

All International students are required to use this or another NACES approved service for quick and accurate evaluation of transcripts. All transcripts must be submitted directly from your undergraduate and graduate institution to WES for evaluation. More information is available at [www.wes.org](http://www.wes.org) and [www.naces.org](http://www.naces.org).

## ORU DOCTOR OF MINISTRY APPLICATION FOR ADMISSION

Social Security #: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please note: Your SSN is required for admissions and financial aid purposes. To protect your identity, a University-generated ID number will be issued upon acceptance.

Name: \_\_\_\_\_  
Last/Family Name First/Given Name Middle Name

Other names under which transcripts have been issued: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip Country

Phone: ( ) Office or Cell Phone: ( ) Fax: ( )

E-mail Address: \_\_\_\_\_

I plan to start ORU in: Fall (August) \_\_\_\_\_ (Year)

Citizenship Status: ☐ U.S. Citizen ☐ Non-U.S. Citizen

Country of Citizenship: \_\_\_\_\_ Country of Birth \_\_\_\_\_

If you are living in the United States and you are not a U.S. citizen, please indicate your current status and visa type:

☐ Student ☐ Permanent Resident ☐ Visitor/Tourist ☐ Other \_\_\_\_\_

Visa type: \_\_\_\_\_ Expiration date: \_\_\_\_\_

If you are an international student please provide your non-U.S. address (Documentation will be required):

Have you ever been convicted, pled guilty or no contest to a felony charge? ☐ Yes ☐ No

If yes, please provide a written explanation on a separate sheet of paper.

**Area of Study:** Applications are considered for admission into only one graduate school and degree program

**Doctor of Ministry**

**Concentrations:**

☐ Church Ministries & Leadership ☐ Pastoral Care & Counseling

### PERSONAL INFORMATION

The information requested below is used for statistical purposes only. You are not required to complete this section of the application. If you complete this section, the information will not be used in evaluating your application for admission. ORU does not discriminate against applicants on the grounds of race, religion, color, sex, age, national origin, disability, or veteran status.

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: ☐ Male ☐ Female

Please indicate your ethnicity: ☐ Hispanic or Latino ☐ Non Hispanic or Latino

If your ethnicity is Non Hispanic or Latino, please indicate your race:

☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Two or more races

**Veteran Services:** Are you a veteran of the armed forces? ☐ Yes ☐ No

**Religious Preferences:** Which best describes your present affiliation:

<input type="checkbox"/> Assembly of God	<input type="checkbox"/> Baptist	<input type="checkbox"/> Catholic	<input type="checkbox"/> Charismatic	<input type="checkbox"/> Church of Christ
<input type="checkbox"/> Church of God-Christ	<input type="checkbox"/> Episcopalian	<input type="checkbox"/> Freewill Baptist	<input type="checkbox"/> Full Gospel	<input type="checkbox"/> Holiness
<input type="checkbox"/> Independent	<input type="checkbox"/> Interdenominational	<input type="checkbox"/> Jewish	<input type="checkbox"/> Lutheran	<input type="checkbox"/> Methodist
<input type="checkbox"/> Nazarene	<input type="checkbox"/> Nondenominational	<input type="checkbox"/> Open Bible Standard	<input type="checkbox"/> Pentecostal	<input type="checkbox"/> Presbyterian
<input type="checkbox"/> Protestant	<input type="checkbox"/> Southern Baptist	<input type="checkbox"/> Other _____		

PRIOR EDUCATION

Please list all colleges and universities you have attended (in chronological order) and indicate degree received.

College/University	Dates of Attendance	Location	Degree Granted	Date of Graduation
	to			
	to			
	to			
	to			
	to			

Was English your formal language of instruction?  
If not, have you taken the TOEFL or IELTS?  
Have you taken the Miller Analogies Test (MAT)?  
Have you taken the Graduate Record Examination (GRE)?  
I am scheduled to take one of the above tests.

☐ Yes  
☐ Yes, Date  
☐ Yes, Date  
☐ Yes, Date  
☐ Yes, Date  
Test

☐ No  
☐ No  
☐ No  
☐ No  
☐ No

HONORS AND ACTIVITIES

Please list, in order of importance, extracurricular activities, offices held, accomplishments and professional memberships:

Please list awards, honors and scholarships received in college and graduate school or since graduation:

EMPLOYMENT HISTORY

Company Name	Position	Dates of Employment

MINISTRY HISTORY

Organization/Ministry Name	Position	Dates of Service/Ministry

## HONOR CODE PLEDGE

In signing the Honor Code Pledge, I fully recognize that Oral Roberts University was founded to be and is committed to being a leading academic institution serving the interdenominational Body of Christ, offering a lifestyle of commitment to Jesus Christ of Nazareth as personal Savior and Lord. I further recognize that the University's ministry is that of providing a Whole Person education with a charismatic distinctive. It is therefore my personal commitment to be a person of integrity in my attitude and respect for what Oral Roberts University is in its calling to be a Christian university.

- **I PLEDGE** to apply myself wholeheartedly to my intellectual pursuits and to use the full powers of my mind for the glory of God.
- **I PLEDGE** to grow in my spirit, by developing my own relationship with God.
- **I PLEDGE** to develop my body with sound health habits by completing the required aerobics program and by participating in wholesome physical activities.
- **I PLEDGE** to cultivate good social relationships and to seek to love others as I love myself. I will not lie; I will not steal; I will not curse; I will not be a talebearer. I will not cheat or plagiarize; I will do my own academic work and will not inappropriately collaborate with other students on assignments.
- **I PLEDGE** at all times to keep my total being under subjection from all immoral and illegal actions and communications, whether on or off campus. I will not take any illegal drugs or misuse any drugs; I will not engage in or attempt to engage in any illicit, unscriptural sexual acts, which include any homosexual activity and sexual intercourse with one who is not my spouse through traditional marriage of one man and one woman. I will not drink alcoholic beverages of any kind; I will not use tobacco; I will not engage in other behavior that is contrary to the rules and regulations listed in the Student Handbook.
- **I PLEDGE** to maintain an integrity of openness to God's claims on my life and to do my utmost to know and follow His will for my life.
- **I PLEDGE** to attend class, all required chapel services on campus, and my choice of a house of worship wherever God is honored and lifted up.
- **I PLEDGE** to abide by the rules and regulations that may from time to time be adopted by the University administration. I understand Oral Roberts University is a private school that is governed by a Board of Trustees, which has final authority on all matters. I understand that the University reserves the right to require the withdrawal of a student at any time if in the judgment of the President of the University and the University Discipline Committee such action is deemed necessary to safeguard ORU's ideals of scholarship or its spiritual and moral atmosphere as a Christian university.

I will keep the HONOR CODE carefully and prayerfully. I understand that my signature below is my acceptance of the entire Honor Code and completes a contract between me and Oral Roberts University, which is a prerequisite for matriculation and my continued association with the University. My signed pledge becomes a part of my permanent file. Further, my acceptance of the Honor Code is a solemn vow and promise to God as to how I will live my life.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

## HONOR CODE LIVING

As essential members of the ORU family, students must clearly recognize that all of us have a desire to further develop and exhibit responsible and mature behavior. That goal is a basic premise of the personal Honor Code.

At ORU, students pledge to endeavor to present a good appearance at all times. In both attire and behavior, students should strive to demonstrate good taste in all instances. The way they present themselves to others is of vital importance to the way others perceive Christ. An individual's conduct should never be an embarrassment to others but should exemplify the best qualities of a mature and respectful student. The university's dress code promotes such an attitude.

Exemplifying the highest moral commitment, ORU students refrain from profanity, smoking, gambling, alcoholic beverages, dishonesty, illegal drugs and all behavior that might cause Christ to grieve.

As responsible learners, students should make every effort to be prompt to classes, chapel, Sunday worship and all appointments. Classes, chapel and worship services at local churches are all integral parts of the ORU lifestyle.

By providing an example for others in word and deed, each student should encourage others' adherence to the Honor Code. Students should be sure not to incite another's violation of the code and should seek to strengthen the bond of trust at every opportunity.

The students and leadership of Oral Roberts University affirm that, regardless of faith, creed or race, all students admitted to the university must agree to uphold the Honor Code and the rules governing ORU. No time, place or circumstance gives release from the individual's initial promise. The Honor Code is a way of life, measured by the heart and commitment of each member of the ORU family, and students should regard it as essential to development, not as an imposition or restriction.

The registration process is incomplete until students have formally signed the Honor Code Pledge.



## ORU DOCTOR OF MINISTRY RECOMMENDATIONS

Please provide the following information concerning your references.  
[References may not be related to applicant.]

### Ecclesiastical Recommendation

Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street and Number City or Town State Zip*

Phone: ( ) \_\_\_\_\_ Church Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### Academic Recommendation

Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street and Number City or Town State Zip*

Phone: ( ) \_\_\_\_\_ Church Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### Professional Recommendation

Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street and Number City or Town State Zip*

Phone: ( ) \_\_\_\_\_ Church Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### Layperson Recommendation

Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street and Number City or Town State Zip*

Phone: ( ) \_\_\_\_\_ Church Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

## MAILING YOUR APPLICATION

**Please detach and mail your application to:**

ORU Graduate Theology Admissions  
7777 South Lewis Avenue  
Tulsa, OK 74171

Completed forms may be faxed to **918.495.6725** or scan and email to **gradtheology@oru.edu**.

## CONTACT INFORMATION

800.643.7976 x2  
918.495.6618  
918.495.6725 fax  
gradtheology@oru.edu

ORU

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# ORU DOCTOR OF MINISTRY ECCLESIASTICAL RECOMMENDATION

## ORU GRADUATE SCHOOL OF THEOLOGY AND MINISTRY

[References may not be related to applicant.]

### To the Applicant:

Please complete and sign the top portion of this page. This form is to be completed by your spiritual overseer: i.e., senior pastor, bishop, district superintendent or supervisor, and returned to the Office of Graduate Theology Admissions.

Name: \_\_\_\_\_  
*Last/Family Name* *First/Given Name* *Middle Name*

Address: \_\_\_\_\_  
*Street and Number* *City* *State* *Zip* *Country*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I plan to start ORU in: Fall (August) \_\_\_\_\_ (Year)

**Area of Study:** Applications are considered for admission into only one graduate school and degree program

### Doctor of Ministry

#### Concentrations:

☐ Church Ministries & Leadership

☐ Pastoral Care & Counseling

I authorize the spiritual overseer identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; I will not be entitled to review the completed recommendation. I release the spiritual overseer and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature \_\_\_\_\_

### To the Spiritual Overseer:

Please print or type and return this form to:

ORU Graduate Theology Admissions

7777 South Lewis Avenue Tulsa, OK 74171

Completed forms may be faxed to **918.495.6725** or scan and email to **gradtheology@oru.edu**.

Each applicant for admission to ORU's Doctor of Ministry Program must submit a recommendation from his/her spiritual overseer. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Since a candid evaluation is requested, your comments will be held in the strictest of confidence.

1. How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

2. How well do you know him/her?

☐ By name/sight

☐ Fairly well/numerous personal contacts

☐ Casually/few personal contacts

☐ Very close pastoral relationship

3. To your knowledge, has the applicant made a meaningful personal commitment to Jesus Christ? ☐ Yes ☐ No ☐ I do not know

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.	Excellent	Above Average	Average	Below Average	Not Observed
Ministerial effectiveness					
Ministerial competence					
Emotional stability					
Empathy					
Integrity/honesty					
Judgment					
Moral character					
Personal appearance					
Reliability					
Ability to reflect theologically					

5. Please share what you consider the applicant's strong and weak points, as well as any other information you may have about the applicant that will help in our evaluation. This information could cover recent experiences or incidents in the applicant's life or even a general personality appraisal.

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6. What is your perception of the applicants ability to complete a rigorous ministerial doctoral program?

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7. Is there additional information about the candidate you feel the Admissions Committee should know?

Please comment on his/her relationships in the home and community.

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On the basis of the above information, the applicant is:

- ☐ Strongly recommended      ☐ Recommended      ☐ Recommended with some reservation      ☐ Not recommended
- ☐ Please contact me for further information that I choose not to put in writing.

Overseer's Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name of Church & Denomination:

Address:

Street and Number

City

State

Zip

Country

Phone: (       )                      Church Phone: (       )                      Fax: (       )

E-mail Address: \_\_\_\_\_

Overseer's signature: \_\_\_\_\_

# ORU DOCTOR OF MINISTRY ACADEMIC RECOMMENDATION

## ORU GRADUATE SCHOOL OF THEOLOGY AND MINISTRY

[References may not be related to applicant.]

### To the Applicant:

Please complete and sign the top portion of this page. This form is to be completed by a former seminary professor and returned to the Office of Graduate Theology Admissions. Professional recommendations may be submitted if you have been out of school for more than five years.

Name: \_\_\_\_\_  
*Last/Family Name* *First/Given Name* *Middle Name*

Address: \_\_\_\_\_  
*Street and Number* *City* *State* *Zip* *Country*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I plan to start ORU in: Fall (August) \_\_\_\_\_ (Year)

**Area of Study:** Applications are considered for admission into only one graduate school and degree program

### Doctor of Ministry

#### Concentrations:

☐ Church Ministries & Leadership

☐ Pastoral Care & Counseling

I authorize the professor or professional reference identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; I will not be entitled to review the completed recommendation. I release the professor or professional reference and Oral Roberts University from all claims, liabilities and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature \_\_\_\_\_

### To the Professor or Professional Reference:

Please print or type and return this form to:

ORU Graduate Theology Admissions

7777 South Lewis Avenue Tulsa, OK 74171

Completed forms may be faxed to **918.495.6725** or scan and email to **gradtheology@oru.edu**.

Each applicant for admission to ORU's Doctor of Ministry Program must submit an academic recommendation. Serious consideration will be given to your comments; therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest confidence.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity? \_\_\_\_\_

3. How well do you know him/her?

☐ By name/sight

☐ Fairly well/numerous personal contacts

☐ Casually/few personal contacts

☐ Very close personal relationship

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.	Excellent	Above Average	Average	Below Average	Not Observed
Academic ranking					
Written communication					
Emotional stability					
Initiative					
Integrity/honesty					
Critical thinking skills					
Ability to reflect theologically					
Meet assignment deadline					
Reliability					

5. What positive traits or characteristics distinguish the applicant from his or her peers?

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6. What personal attributes need further development?

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7. What is your opinion of the candidate's ability and qualification to pursue a rigorous doctoral study?  
Please comment on overall emotional/psychological stability.

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8. Is there additional information about the candidate that you feel the Admissions Committee should know?  
Please comment on honesty, integrity, concern for people and general moral character.

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On the basis of the above information, the applicant is:

- ☐ Strongly recommended
 ☐ Recommended
 ☐ Recommended with some reservation
 ☐ Not recommended  
☐ Please contact me for further information that I choose not to put in writing.

Reference's Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

*Street and Number*

*City*

*State*

*Zip*

*Country*

Phone: ( ) \_\_\_\_\_ Church Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Reference's signature: \_\_\_\_\_

# ORU DOCTOR OF MINISTRY PROFESSIONAL RECOMMENDATION

## ORU GRADUATE SCHOOL OF THEOLOGY AND MINISTRY

[References may not be related to applicant.]

### To the Applicant:

Please complete and sign the top portion of this page. This form is to be completed by a colleague in ministry and returned to the Office of Graduate Theology Admissions.

Name: \_\_\_\_\_  
*Last/Family Name* *First/Given Name* *Middle Name*

Address: \_\_\_\_\_  
*Street and Number* *City* *State* *Zip* *Country*

Phone: { } \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I plan to start ORU in: Fall (August) \_\_\_\_\_ (Year)

**Area of Study:** Applications are considered for admission into only one graduate school and degree program

### Doctor of Ministry

#### Concentrations:

☐ Church Ministries & Leadership

☐ Pastoral Care & Counseling

I authorize the colleague identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; I will not be entitled to review the completed recommendation. I release the professor or professional reference and Oral Roberts University from all claims, liabilities and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature \_\_\_\_\_

### To the Ministry Colleague:

Please print or type and return this form to:

ORU Graduate Theology Admissions

7777 South Lewis Avenue Tulsa, OK 74171

Completed forms may be faxed to **918.495.6725** or scan and email to **gradtheology@oru.edu**.

Each applicant for graduate school admission must submit a recommendation from a colleague in ministry. Serious consideration will be given to your comments; therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest confidence.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity? \_\_\_\_\_

3. How well do you know him/her?

☐ By name/sight

☐ Fairly well/numerous personal contacts

☐ Casually/few personal contacts

☐ Very close personal relationship

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.	Excellent	Above Average	Average	Below Average	Not Observed
Ministerial effectiveness					
Ministerial competence					
Emotional stability					
Empathy					
Integrity/honesty					
Judgement					
Moral character					
Personal appearance					
Reliability					
Ability to reflect theologically					

5. What positive traits or characteristics distinguish the applicant from his or her peers?

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6. What personal attributes need further development?

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7. What is your opinion of the candidate's ability and qualification to pursue a rigorous doctoral study?  
Please comment on overall maturity and emotional/psychological stability.

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8. Is there additional information about the candidate that you feel the Admissions Committee should know?  
Please comment on honesty, integrity, concern for people and general moral character.

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On the basis of the above information, the applicant is:

- ☐ Strongly recommended
 ☐ Recommended
 ☐ Recommended with some reservation
 ☐ Not recommended  
☐ Please contact me for further information that I choose not to put in writing.

Reference's Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
                     Street and Number                                      City                                      State                                      Zip                                      Country

Phone: (     ) \_\_\_\_\_ Church Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Reference's signature: \_\_\_\_\_



# ORU DOCTOR OF MINISTRY LAYPERSON'S RECOMMENDATION

## ORU GRADUATE SCHOOL OF THEOLOGY AND MINISTRY

[References may not be related to applicant.]

### To the Applicant:

Please complete and sign the top portion of this page. This form is to be completed by an individual who is under your ministerial care or supervision and returned to the Office of Graduate Theology Admissions.

Name: \_\_\_\_\_  
*Last/Family Name* *First/Given Name* *Middle Name*

Address: \_\_\_\_\_  
*Street and Number* *City* *State* *Zip* *Country*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I plan to start ORU in: Fall (August) \_\_\_\_\_ (Year)

**Area of Study:** Applications are considered for admission into only one graduate school and degree program

### Doctor of Ministry

#### Concentrations:

☐ Church Ministries & Leadership

☐ Pastoral Care & Counseling

I authorize the layperson identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; I will not be entitled to review the completed recommendation. I release the professor or professional reference and Oral Roberts University from all claims, liabilities and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature \_\_\_\_\_

### To the Layperson:

Please print or type and return this form to:

ORU Graduate Theology Admissions

7777 South Lewis Avenue Tulsa, OK 74171

Completed forms may be faxed to **918.495.6725** or scan and email to **gradtheology@oru.edu**.

Each applicant for graduate school admission must submit a recommendation from an individual under his/her ministerial care or supervision. Serious consideration will be given to your comments; therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest confidence.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity? \_\_\_\_\_

3. How well do you know him/her?

☐ By name/sight

☐ Fairly well/numerous personal contacts

☐ Casually/few personal contacts

☐ Very close personal relationship

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.	Excellent	Above Average	Average	Below Average	Not Observed
Ministerial effectiveness					
Ministerial competence					
Emotional stability					
Empathy					
Integrity/honesty					
Judgement					
Moral character					
Personal appearance					
Reliability					
Ability to reflect theologically					

5. What positive traits or characteristics distinguish the applicant from his or her peers?

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6. Please comment on his/her relationships in the church and community.

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7. Please comment on overall competence and effectiveness.

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8. Is there additional information about the candidate that you feel the Admissions Committee should know?

Please comment on honesty, integrity, concern for people and general moral character.

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On the basis of the above information, the applicant is:

- ☐ Strongly recommended      ☐ Recommended      ☐ Recommended with some reservation      ☐ Not recommended  
☐ Please contact me for further information that I choose not to put in writing.

Reference's Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street and Number City State Zip Country*

Phone: ( ) \_\_\_\_\_ Church Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Reference's signature: \_\_\_\_\_

ORU

MAKE NO  
LITTLE PLANS  
HERE



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