



AGST ALLIANCE



**BCM**  
PREPARING LIVES FOR MINISTRY



Malaysia Bible Seminary

## Doctor of Ministry program

# Commendation

### Note to referee:

May we request your careful and confidential appraisal of the applicant's suitability for post-graduate study and research. We may follow up your commendation with a request for further clarification.

Referee's name:

Applicant's name:

Applicant's chosen AGST Alliance program: Doctor of Ministry

### YOUR LINKS TO THE APPLICANT

I have known the applicant for \_\_\_\_\_ years in my capacity as:

- a senior leader in the applicant's ministry setting (church/organisation) [If you are the senior leader, a peer in your ministry may be requested to provide this].
- a Christian leader from outside the applicant's ministry setting.
- principal/lecturer of this tertiary education institution:

My specific role is:

### THE APPLICANT'S PERSONAL AND INTERPERSONAL SKILLS

Please indicate your perception of the applicant in these areas:					
	Significant concern			Excellent	
Honesty and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and accepting responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to others/other cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate appropriately to the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to receive personal feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on areas of concern from the items in the table above:

<b>THE APPLICANT’S SPIRITUAL LIFE</b>					
Please indicate your perception of the applicant in these areas:					
	Very limited			Well-developed	
A vibrant relationship with God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of understanding of the Bible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to relate and integrate his/her faith with life, ministry and society issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on areas of concern from the items in the table above:

<b>THE APPLICANT’S SUITABILITY FOR STUDY</b>					
Please indicate your perception of the English language and cognitive competence of the applicant in these areas:					
	Very limited			Excellent	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking and reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the strengths the applicant would bring to studies in the DMin program:

Please comment on any areas the applicant will need to develop to benefit from studies in the DMin program:

**OTHER COMMENTS**

Please make any other comments that will guide us as we assess the applicant’s suitability for studies in the DMin study program [use a separate sheet of paper if necessary]:

**FINAL RECOMMENDATION**

Please indicate the extent to which you recommend the applicant for studies in the DMin program:

- enthusiastically     with some confidence     with reservations     not at all

**YOUR CONTACT DETAILS**

Name:		Title:
Address:		
	Country: (Double click to select)	Post code:
Tel. nos: Home (    )	Office (    )	Mobile (    )
Email:        @		
Date (dd/mm/yyyy):    /    /		

*We appreciate your time to complete this form.  
Please email/send this completed form to:*

The Assistant DMin Director  
Email: [asstdmindirector@agstalliance.org](mailto:asstdmindirector@agstalliance.org)

*If you have any questions or wish to talk us  
about any of the issues raised in this form, please feel free to contact us.*