

DOCTOR OF MINISTRY OFFICE
660 E. Butterfield Road
Lombard, IL 60148
Phone: 630-705-8109
Fax: 630-620-2190
Email: rtumblin@seminary.edu
Website: www.seminary.edu

APPLICATION TO THE DOCTOR OF MINISTRY PROGRAM

Application to the Doctor of Ministry Program

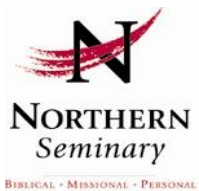
Your application will be reviewed by the D.Min. Program Committee upon receipt of the following items:

- ___ 1. The completed and signed application form.
- ___ 2. A non-refundable \$50 application fee--checks payable to Northern Baptist Seminary.
- ___ 3. An official transcript from each academic institution you have attended beyond high school, mailed from the institution directly to Northern's Doctor of Ministry Office. **(Note: If you are a Northern graduate you only need to furnish transcripts for work completed after receiving your last Northern degree.)**
- ___ 4. Recommendations from three persons--see last page of application for categories. **(Send the attached Reference Form to the persons you list on the application form. Ask them to return the reference to the D.Min. Office at Northern Seminary as soon as possible.)**
- ___ 5. **A Self-Assessment Paper (For Applicants to the D.Min. Program)**
Provide a self-evaluation of your ministry. This information will assist in establishing your learning goals for the program and provide insight to the admissions committee regarding your self-perception. **The paper should be typed, single-spaced, and a minimum of 4 pages. (See attached "Self-Assessment Paper Guidelines.")**

Application as Advance Student-at-Large; Post-Doctoral Special Student, Visiting Student or Auditor:

Your application will be complete when you have provided the following:

- ___ 1. Completed application form **excluding the section on references and excluding the Self-Assessment Paper**
- ___ 2. A non-refundable \$25 application fee, checks payable to Northern Baptist Seminary
- ___ 3. An official transcript of your Masters or Doctoral degree (**unless from NBTS**), mailed from the institution to the D.Min. Office at Northern.



NORTHERN SEMINARY

660 E. Butterfield Road Lombard, IL 60148
Phone: (630) 705-8109 Fax: (630) 620-2190

APPLICATION FOR ADMISSION Doctor of Ministry Program

PERSONAL INFORMATION

Full Legal Name: Last (family name): _____ First: _____ Middle: _____

Other Last Names (currently or previously used): _____

Mailing Address: Street: _____ City: _____

State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ **Daytime Telephone Number:** (____) _____

FAX Number: (____) _____ **Evening Telephone Number:** (____) _____

Email address: _____

REGISTRATION INFORMATION

To which program are you seeking admission:

Degree Program

Doctor of Ministry Program If you are a CECL student, which Class are you in? _____

Non-Degree Status:

Advanced Student-At-Large (Take *one* seminar for D.Min. credit prior to admission to program. The credit

will count toward program requirements.)

Visiting Student

Post-Doctoral Special Student

Credit

Non-Credit

Auditor (D.Min. level course taken for no credit)

When do you plan to begin studies? Year _____ Fall Winter Spring Summer

Have you applied to Northern in the past? Yes No

If yes, please give date of application and name under which you applied: _____

List other seminaries to which you may be applying: _____

Do you expect to be enrolled full or part time? Full time (2 or more classes per year)

Part time

EDUCATIONAL BACKGROUND

List all institutions attended after high school including college, university, seminary and professional training. **Have each institution send an official transcript to the D.Min. office at Northern.**

Name of institution: _____

Address of Institution: _____

Dates Attended: _____ - _____ - _____ through _____ - _____ - _____ Major: _____

Degree or Diploma Earned: _____ Graduation Month/Day/Year: _____ - _____ - _____

Name of institution: _____

Address of Institution: _____

Dates Attended: _____ - _____ - _____ through _____ - _____ - _____ Major: _____

Degree or Diploma Earned: _____ Graduation Month/Day/Year: _____ - _____ - _____

Name of institution: _____

Address of Institution: _____

Dates Attended: _____ - _____ - _____ through _____ - _____ - _____ Major: _____

Degree or Diploma Earned: _____ Graduation Month/Day/Year: _____ - _____ - _____

Name of institution: _____

Address of Institution: _____

Dates Attended: _____ - _____ - _____ through _____ - _____ - _____ Major: _____

Degree or Diploma Earned: _____ Graduation Month/Day/Year: _____ - _____ - _____

Are your seminary grades an accurate indication of your academic abilities? If not, explain.

HEALTH / OTHER CONFIDENTIAL INFORMATION

Do you have any physical challenges or disabilities which might affect your pursuit of seminary studies or ministry? Yes No

If yes, please describe on a separate sheet of paper. Please include a description of any special assistance you might find helpful.

Many persons competent in ministry have experienced mental and/or nervous disorders.

Have you experienced any of these? Yes No

If yes, please describe on a separate sheet of paper .

Are there any other facts regarding your health that are relevant to your pursuing studies at Northern Seminary? Yes No

If yes, please describe on a separate sheet of paper.

OTHER CONFIDENTIAL INFORMATION:

Have you ever been convicted of a felony? Yes No (If yes, please attach a written explanation.)

WORK INFORMATION

List the last three work/ministry positions (or experiences). **Begin with the most recent.**

Employing Church or Institution: _____ Full time Part time

Address: _____

Position: _____ Dates Held: ____ - ____ - ____ to ____ - ____ - ____

Company or Church Phone: (____) _____ FAX: (____) _____

Work e-mail address: _____

Employing Church or Institution: _____

Address: _____

Position: _____ Dates Held: ____ - ____ - ____ to ____ - ____ - ____

Company or Church Phone: (____) _____ FAX: (____) _____

Employing Church or Institution: _____

Address: _____

Position: _____ Dates Held: ____ - ____ - ____ to ____ - ____ - ____

Company or Church Phone: (____) _____ FAX: (____) _____

CHURCH INFORMATION

Name of church where you are now a member: _____

Date you joined this church: ____ - ____ - ____ **Name of Senior Pastor:** _____
(If you are the senior pastor put your name here)

Formal name of denomination: _____

Church Address: _____

Church Phone: (____) _____ **Church FAX:** (____) _____

Are you ordained? Yes No **If not, are you liscensed as a minister?** Yes No

When? _____ **Where?** _____

SEMINARY RESEARCH INFORMATION (This information is not used for admission decisions)

Date of Birth: ____ - ____ - ____ **Place of birth:** (city, state, country) _____

Gender: Female Male **Marital Status:** Single Married **State of Legal Residency:** _____

Of which ethnic group are you a member?

- Non-resident Alien
- American Indian or Native Alaskan
- Black non-Hispanic
- Asian or Pacific Islander
- Hispanic
- White, non-Hispanic

Please select from the following:

- U.S. Citizen
- Permanent U.S. Resident
- International Student (requiring F-1)

Country of Citizenship: _____

REFERENCES

(Send the attached Reference Form to the people listed below and ask them to return the form to the Doctor of Ministry Office as soon as possible.)

Denominational Executive/Area Minister:

Name: _____ Title: _____

Address: _____

Chair of Church Board or Institutional Supervisor:

Name: _____

Address: _____

Someone Who Has Observed Your Ministry:

Name: _____

Address: _____

EMERGENCY CONTACT INFORMATION

Please list someone who may be contacted by Northern if you experience an emergency.

Name _____ Address: _____

City: _____ State: _____ Day Phone: _____

Evening Phone: _____ Relationship to you: _____

STATEMENT

Please sign and submit this application along with the additional materials listed on the cover page. Once submitted, the application and all supporting documents become the property of Northern Baptist Seminary and may not be returned to you, nor may they be used for any other purpose.

By signing below, I acknowledge that all statements on this application are true to the best of my knowledge. I understand that fraudulent statements may be grounds for denial of this application or dismissal from the Seminary at a later date.

_____/_____/_____
Signature Date

MAIL OR FAX APPLICATION TO:

**DOCTOR OF MINISTRY OFFICE
NORTHERN BAPTIST SEMINARY
660 E. Butterfield Rd.**

Self-Assessment Paper Guidelines
(To be Completed by Applicants to the Doctor of Ministry Program)

Please respond carefully to the following questions which comprise a self-evaluation of your ministry as you apply for admission to the Doctor of Ministry program. Answer the questions on a separate paper. *Your responses should be typed; three to four pages, single spaced, is a desired minimum.*

The data which you provide will help you to clarify your learning goals for the program and provide insight to the D.Min. Admissions Committee concerning your self-perception.

The persons you name as references will be asked to assess your ministry by means of similar questions.

1. What arrangements will you make with the congregation/institution to schedule the time for advanced study?
2. Describe your relationship with other staff members, the pastoral relations committee, board members and other responsible persons in the congregation or organization.
3. What formal or informal learning experiences have contributed significantly to your personal and professional growth in the last five years? In the last ten years?
4. What are your long range goals for ministry?
5. Identify the main strengths you bring to ministry.
6. What are your weak areas?
7. Discuss the field in which you might make an innovative contribution to the profession of ministry and your readiness to make that contribution.
8. How effective are you in the management of time? Explain why you believe you have the discipline to complete this graduate program.

Return your response with the application form or mail it to the D.Min. office.



DOCTOR OF MINISTRY PROGRAM

Reference Form #1

Name of Applicant:

Name of Reference:

The person named above has applied for admission to the Doctor of Ministry Program and has given your name as a reference.

We request that you give consideration to the following questions as you assess the applicant's readiness to engage in this advanced study for ministry. Please respond on a separate paper.

3. How long have you known the applicant and what has been your relationship with him/her?
4. Does this applicant have the support of his/her congregation or institution for participating in this program?
5. From your knowledge explain how this applicant has shown continued interest in personal and professional growth and development.
6. How would you rate the applicant's relational skills with others?
7. What do you consider are the main strengths of this person's ministry?
8. What do you consider are the main weaknesses of this person's ministry?
9. Does the applicant demonstrate effective time management?
10. From your knowledge do you consider that this applicant has the discipline to complete a graduate program?

Federal law requires that all documents related to students be open for inspection by the student unless he/she waives this right. Nonetheless, Northern Seminary's policy is to protect the confidentiality of recommendations during the admissions process as far as possible.

Mail or fax the completed reference to:

D.Min. Office
Northern Seminary
660 E. Butterfield Road
Lombard, IL 60148
Fax: 630-620-2190



DOCTOR OF MINISTRY PROGRAM

Reference Form #2

Name of Applicant:

Name of Reference:

The person named above has applied for admission to the Doctor of Ministry Program and has given your name as a reference.

We request that you give consideration to the following questions as you assess the applicant's readiness to engage in this advanced study for ministry. Please respond on a separate paper.

3. How long have you known the applicant and what has been your relationship with him/her?
4. Does this applicant have the support of his/her congregation or institution for participating in this program?
5. From your knowledge explain how this applicant has shown continued interest in personal and professional growth and development.
6. How would you rate the applicant's relational skills with others?
7. What do you consider are the main strengths of this person's ministry?
8. What do you consider are the main weaknesses of this person's ministry?
9. Does the applicant demonstrate effective time management?
10. From your knowledge do you consider that this applicant has the discipline to complete a graduate program?

Federal law requires that all documents related to students be open for inspection by the student unless he/she waives this right. Nonetheless, Northern Seminary's policy is to protect the confidentiality of recommendations during the admissions process as far as possible.

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DOCTOR OF MINISTRY PROGRAM

Reference Form #3

Name of Applicant:

Name of Reference:

The person named above has applied for admission to the Doctor of Ministry Program and has given your name as a reference.

We request that you give consideration to the following questions as you assess the applicant's readiness to engage in this advanced study for ministry. Please respond on a separate paper.

3. How long have you known the applicant and what has been your relationship with him/her?
4. Does this applicant have the support of his/her congregation or institution for participating in this program?
5. From your knowledge explain how this applicant has shown continued interest in personal and professional growth and development.
6. How would you rate the applicant's relational skills with others?
7. What do you consider are the main strengths of this person's ministry?
8. What do you consider are the main weaknesses of this person's ministry?
9. Does the applicant demonstrate effective time management?
10. From your knowledge do you consider that this applicant has the discipline to complete a graduate program?

Federal law requires that all documents related to students be open for inspection by the student unless he/she waives this right. Nonetheless, Northern Seminary's policy is to protect the confidentiality of recommendations during the admissions process as far as possible.

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