

# APPLICATION FOR ADMISSION

Nazarene Theological Seminary  
 1700 East Meyer Boulevard  
 Kansas City, MO 64131-1263  
 1-800-831-3011 (locally 816-333-6254)  
 Fax: 816-333-6271  
 Email: [enroll@nts.edu](mailto:enroll@nts.edu)

For Office Use Only	
Fee: _____	
ID#: _____	
Approved: _____	

Rev.  Dr.  Mr.  Mrs.  Ms.  Miss

\_\_\_\_\_ Application Date

Last Name	First Name	Middle/Maiden Name
Permanent Address		Email Address
City, State, Zip		Fax Number (If available)
Telephone		Social Security Number
Mailing Address (if different from above)		
City, State, Zip		
Telephone (Home)		Telephone (Cell)
Country of Citizenship		

**EMERGENCY CONTACT PERSON:**

Name
Address
City, State, Zip
Telephone
Relationship to Applicant

Expected Enrollment Date

Fall    Year: \_\_\_\_\_  
 Spring    Year: \_\_\_\_\_  
 Summer    Year: \_\_\_\_\_

**INTENDED MASTERS PROGRAM**

- Master of Divinity
- Christian Education Emphasis
- Intercultural Studies Emphasis
- Urban Ministry Emphasis
- Evangelism Emphasis
- Chaplaincy Emphasis
- Spiritual Formation Emphasis
- Master of Divinity In-Service Program
- Master of Arts in Christian Education
- Master of Arts in Intercultural Studies
- Master of Arts (Theological Studies)
- General Academic
- Research
- Biblical Studies
- Christian Thought and History

**OTHER ACADEMIC OFFERINGS**

Certificate     Diploma     Non-degree

The U.S. Department of Education requests the following information on ethnic origin (check one):

- White, non-Hispanic    Black, non-Hispanic    Hispanic    Asian or Pacific Islander  
 American Indian or Alaskan Native    Other (specify) \_\_\_\_\_

How did you hear about NTS? \_\_\_\_\_

- Professor    Current Student    Website    Conference/Assembly  
 Pastor    E-Mail/Mailing    Graduate    Campus Visit/College Fair

**I. PERSONAL INFORMATION:**

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse/Fiancé's Name \_\_\_\_\_

Number and Ages of Children \_\_\_\_\_

<b>II. ACADEMIC HISTORY:</b> List All Universities, Colleges, Seminaries, and Graduate Schools	Location	Dates From To		Name of Degree Received	or Number of Credits Earned

Undergraduate Major(s) \_\_\_\_\_ Graduate Major(s) \_\_\_\_\_

Have you attended NTS previously? \_\_\_\_\_ When? \_\_\_\_\_

Have you been denied admission to any seminary or theological school? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### III. CHURCH AFFILIATION:

Denominational Membership \_\_\_\_\_

District/Conference \_\_\_\_\_

Ordained  Licensed  Lay

If applicable, please note the duration and description of your present and past ministry experiences:

Title of Ministry Position (i.e. pastor, educator, ministry director, chaplain, missionary)	Location	Dates		Volunteer	Staff
		From	To		

### IV. REFERENCES: List the names and addresses of those who will be submitting letters of recommendation.

1. \_\_\_\_\_

Name (Pastor or if a pastor, Ecclesial Supervisor Reference)      Title      Institution/Company

\_\_\_\_\_  
City, State/Country      Telephone      Email

2. \_\_\_\_\_

Name (Professor Reference)      Title      Institution/Company

\_\_\_\_\_  
City, State/Country      Telephone      Email

3. \_\_\_\_\_

Name      Title      Institution/Company

\_\_\_\_\_  
City, State/Country      Telephone      Email

**V. PERSONAL STATEMENT:**

Please attach a 750-1000 word typed essay giving your home and religious background, reasons for desiring to enter a particular aspect of ministry, and reasons for wanting graduate theological education.

If admitted to NTS, I will diligently and faithfully attend the instructions and exercises of this Seminary, observe its rules of conduct relating to students, respect the admonitions of the instructional staff, and cooperate with the spirit and spiritual emphasis of the Seminary.

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Signature and Date



2. How long have you known the applicant? \_\_\_\_\_  
How well?  Very well  Rather well  Casually  Not well  
In what capacity? \_\_\_\_\_

3. As the applicant’s pastor/ecclesial superior do you have any concerns about her/his readiness to engage in a graduate level program of study?  Yes  No  Unsure  
If yes/unsure, please elaborate: \_\_\_\_\_

4. Do you see this person as someone whom you would hire, have as your pastor/associate pastor, or like to work with as a colleague?  Yes  No  Unsure  
If no/unsure, please elaborate: \_\_\_\_\_

5. How likely is this person to succeed in future ministry contexts?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you know of any physical, mental or emotional problems that might hinder effective work in Christian ministry?  Yes  No  
If yes, please elaborate: \_\_\_\_\_

7. The recommendation I give this applicant for admission to Nazarene Theological Seminary  
 Highly recommend  Recommend  
 Recommend with reservations  Do not recommend

8. Additional comments (attach letter if desired):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Position: \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
Date: \_\_\_\_\_

**Return to:**  
**Office of Admissions**  
**Nazarene Theological Seminary**  
**1700 East Meyer Boulevard, Kansas City, Missouri 64131-1263**



2. How many courses has this student taken with you?  One  Several  Many

3. How well do you know this students academic ability?

Very Well  Rather well  Casually  Not well

4. How well did the applicant perform in the classroom setting, in doing research, and in writing?

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

5. Do you have any concerns about her/his readiness to engage in a graduate level program of study?

Yes  No  Unsure

If

yes/unsure, please elaborate: \_\_\_\_\_

6. Please rank this student's academic ability in comparison to their departmental class (i.e. within top 5% or top 20%)

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

7. Has/does this student exhibited any leadership qualities outside of the classroom that you know of?

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

8. Do you know of any physical, mental or emotional problems that might hinder effective work in Christian ministry?  Yes  No

If yes, please elaborate: \_\_\_\_\_

9. The recommendation I give this applicant for admission to Nazarene Theological Seminary.

Highly recommend  Recommend  
 Recommend with reservations  Do not recommend

10. Additional Comments (attach letter if desired):

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

11. Recommender's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

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2. How long have you known the applicant? \_\_\_\_\_  
How well?  Very well  Rather well  Casually  Not well  
In what capacity? \_\_\_\_\_

3. Do you have any concerns about her/his readiness to engage in a graduate level program of study?  
 Yes  No  Unsure  
If yes/unsure, please elaborate: \_\_\_\_\_

4. What is your experience of the applicant's character, interpersonal skills, and ministry effectiveness?  
\_\_\_\_\_  
\_\_\_\_\_

5. What qualities do you affirm in this applicant for future ministry?  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you know of any physical, mental or emotional problems that might hinder effective work in Christian ministry?  Yes  No  
If yes, please elaborate: \_\_\_\_\_

7. The recommendation I give this applicant for admission to Nazarene Theological Seminary  
 Highly recommend  Recommend  
 Recommend with reservations  Do not recommend

8. Additional comments (attach letter if desired):  
\_\_\_\_\_  
\_\_\_\_\_

9. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Position: \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
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