

REFERENCES

List the names and addresses of those who will be submitting letters of recommendation.

ECCLESIAL EMPLOYER/SUPERVISOR:

Name	Title
Church/Company	
Address	City, State, Zip
Phone	Email

ACADEMIC:

Name	Title
Church/Company	
Address	City, State, Zip
Phone	Email

LAYPERSON IN MINISTRY CONTEXT:

Name	Title
Church/Company	
Address	City, State, Zip
Phone	Email

PERSONAL STATEMENT

Please attach a statement, succinctly stating your vision for how the D.Min. Program will contribute to your personal and professional development in your current ministry context.

SIGNATURE

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.

Signature _____ Date _____



NAZARENE THEOLOGICAL SEMINARY

DOCTOR OF MINISTRY DEGREE & ADVANCED GRADUATE CERTIFICATE

FOR OFFICE USE ONLY

FEE:
ID#:
APPROVED:

INTENDED PROGRAM OF STUDY:

- Doctor of Ministry Degree Program
 Advanced Graduate Certificate Program in Wesleyan Pastoral Theology

Application Date: _____

PERSONAL INFORMATION

- Rev. Dr. Mr. Mrs. Ms. Miss

Last Name	First Name	Middle/Maiden Name
Permanent Address	City, State, Zip	
Home Phone	Cell Phone	Email
Mailing Address (if different from above)	City, State, Zip	
Social Security Number	Date of Birth	Hometown (city and state)
Marital Status	Name of Spouse/Fiance (if applicable)	
Names and ages of children (if applicable)		

CITIZENSHIP/RACE/ETHNICITY

Are you a citizen of the United States? Yes No

Are you a permanent resident of the United States? Yes No

Country of Citizenship: _____

The U.S. Department of Education requires NTS to report the following information regarding race and ethnicity. Please complete both sections:

Are you of Hispanic or Latino ethnicity? Yes No

Please indicate your race. If you are of mixed race, you may select more than one:

- American Indian or Alaska Native (original people of North, Central & South America)
 Asian (Far East, Southeast Asia, India subcontinent)
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White (Europe, Middle East, North Africa)

EXPECTED ENTRANCE TERM

- January Year _____
 June Year _____

HOW DID YOU HEAR ABOUT NTS?

- Professor
 Pastor
 Current Student
 Email/Mailing
 Website
 Graduate
 Conference/Assembly
 Campus Visit/College Fair
 Other _____

EMERGENCY CONTACT PERSON

Name _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Relationship to Applicant _____

MINISTRY LEADERSHIP HISTORY

Title of Ministry Position (i.e. pastor, educator, chaplain)	Location (include address, phone, email & website)	Dates (from/to)	Key Responsibilities
<i>current ministry:</i>			

Denominational Membership _____

District/Conference _____

Are you: Ordained Licensed Lay If Ordained, date of ordination: _____

ACADEMIC HISTORY

Name of Universities, Colleges, Seminaries, & Graduate Schools	Location	Dates (from/to)	Name of Degree Received	or Number of Credits Earned

SPECIAL NON-CREDIT TRAINING (e.g., Military Chaplaincy)

Description	Location	Dates (from/to)

ACADEMIC OR PROFESSIONAL HONORS

Description	Location	Dates (from/to)