

APPLICATION FOR ADMISSION DOCTOR OF MINISTRY

Nazarene Theological Seminary
1700 East Meyer Boulevard
Kansas City, MO 64131-1263
1.800.831.3011 (locally 816.268.5400)
Fax: 816.268.5500
Email: enroll@nts.edu

For Official Use Only

Fee: _____
ID#: _____
Approved: _____

**ALL MATERIALS MUST BE RECEIVED BEFORE YOUR APPLICATION WILL BE
CONSIDERED BY THE DOCTOR OF MINISTRY COMMITTEE**

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Rev. Mr. Mrs. Ms. Miss Dr.

_____ Application Date

_____ Last Name First Name Middle/Maiden Name

_____ Address for Correspondence Email Address

_____ City, State, Zip Fax Number (If available)

_____ Telephone Social Security Number

_____ Country of Citizenship

I. PERSONAL INFORMATION:

NTS and the U.S. Department of Education request the following information:

Date of Birth _____ Marital Status _____

Spouse/Fiancé(e) Name _____

Ages of Children _____

How did you hear about NTS? _____

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

Ethnic Origin (check one):

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

EMERGENCY CONTACT PERSON:

Name

Address

City, State, Zip

Telephone

Relationship to Applicant

Desired Enrollment Date (First Seminar)

January Year: _____

June Year: _____

II. MINISTRY LEADERSHIP HISTORY:

Position (begin with most current)	Location	Dates	
		From	To

III. ACADEMIC HISTORY:

List All Universities, Colleges, Seminaries, and Graduate Schools	Location	Dates		Name of Degree Received	or Number of Credits Earned
		From	To		
Special non-credit training (e.g., Military Chaplaincy) Description	Location			Dates	
Academic or Professional Honors Description	Location			Dates	

IV. CURRENT MINISTRY CONTEXT:

Denominational Membership _____

District/Conference _____

Ministerial Credentials (include date if ordained) _____

Current Ministry Organization Name _____

Address (street) _____

_____ (email) _____

(web) _____

_____ Phone _____

Your official title and brief listing of key responsibilities _____

V. PERSONAL STATEMENT: Succinctly state your vision for how the D.Min. program will contribute to your personal and professional development in your current ministry context.
