



NAZARENE THEOLOGICAL SEMINARY APPLICATION FOR RE-ADMISSION

PERSONAL INFORMATION

DATE(S) OF PREVIOUS ENROLLMENT OF NTS: _____

REV. DR. MR. MRS. MS. MISS

APPLICATION DATE: _____

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 BIRTH CITY & STATE

MARITAL STATUS NAME OF SPOUSE/FIANCE (IF APPLICABLE)

NAMES/AGES OF CHILDREN (IF APPLICABLE) HOW DID YOU HEAR ABOUT NTS?

Expected Term of Enrollment? Year: 20 _____ Semester (Select one): Fall Spring Summer

Which campus will you be attending?
(You are not limited to courses offered on any one campus)

Kansas City, MO Bethany, OK Mount Vernon, OH Nashville, TN Quincy, MA

Which degree program do you wish to enroll in?
(Please select only one. Note that the M. Div. and MACFD are the only degrees offered to students not re-locating to Kansas City)

Master of Divinity
 Dual Degree: Master of Divinity and Master of Arts in Counseling
 Master of Arts in Christian Formation and Discipleship
 Master of Arts in Intercultural Studies
 Master of Arts (Theological Studies)

Are you interested in any of the following Certificate Programs?
(Certificates are **not** required; if interested, please select only one and select **either** a certificate or a diploma, not both.)

Biblical Languages Cross-Cultural Ministries Spiritual Formation
 Chaplaincy Ministries Evangelism Urban Ministries
 Christian Discipleship Lay Ministries Urban Youth Ministries
 Church Planting Missional Leadership & Discipleship
 Compassionate Ministries Pastoral Counseling

Are you interested in any of the following Diploma Programs?
(Diplomas are **not** required; if interested, please select only one and select **either** a certificate or a diploma, not both.)

Cross-Cultural Ministry (365M) Children's, Ministry Adult Ministry
 Diaconal Ministries Youth Ministry Family Ministry

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 race.

- 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)

CHURCH AFFILIATION & MINISTRY EXPERIENCE

Denominational Membership _____ District/Conference _____

Are you: Ordained Licensed Lay

PLEASE NOTE MINISTRY EXPERIENCE BELOW (*attach resume/CV, if desired*):

TITLE OF MINISTRY POSITION	LOCATION	DATES (<i>from/to</i>)	VOLUNTEER OR STAFF

ACADEMIC HISTORY

Have you been denied admission to any seminary or theological school? Yes No If yes, please explain below:

PLEASE NOTE ALL PREVIOUSLY ATTENDED INSTITUTIONS:

UNIVERSITIES, COLLEGES, SEMINARIES & GRADUATE SCHOOLS	LOCATION	DATES (<i>from/to</i>)	NAME OF DEGREE(S) EARNED OR NUMBER OF CREDITS EARNED

PASTOR/ECCLESIAL SUPERVISOR REFERENCE:

Name _____ Title _____

Church _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

REASON FOR RETURN:

Please briefly describe the reason(s) for returning to graduate studies at NTS.

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

REFERENCE FORM – PASTOR/ECCLESIAL

TO BE COMPLETED BY THE APPLICANT

NAME OF APPLICANT _____

ANTICIPATED PROGRAM OF STUDY _____

The Family Education Rights and Privacy Act of 1974 (Buckley Amendment) provides students a right to review their educational records. The law also permits applicants to waive this right, an action that may protect the integrity of recommendations and references. Please indicate your decision to waive or not waive this right by checking the appropriate statement and signing your name on the line below.

- I hereby waive my right to examine this reference.
- I do not waive my right to examine this reference.

APPLICANT'S SIGNATURE

DATE

TO BE COMPLETED BY THE RECOMMENDER

1. Please evaluate the applicant in the following areas:

	FAR ABOVE AVERAGE	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	FAR BELOW AVERAGE	NOT OBSERVED
Aptitude for Ministry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Aptitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christian Character and Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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. Do you see the applicant as someone whom you would hire, have as your pastor/associate pastor, or someone you would like to work with as a colleague? Yes No Unsure If yes/unsure, please elaborate:

5. How likely is the applicant to succeed in future ministry contexts? **365M APPLICANTS ONLY:** Does the applicant engage in conversations and activities with others who are not their peers and/or who are ethnically different from them?

6. **365M APPLICANTS ONLY:** The objective of 365M is for students to respect, listen to and learn from people of other cultures and ethnicities. Do you see this person as someone who can live in a new culture for a year as a learner of others? Please explain.

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

8. The recommendation you give this applicant for admission to Nazarene Theological Seminary:
 Highly recommend Recommend Recommend with reservations Do not recommend

9. Additional Comments (attach letter if necessary):

RECOMMENDER'S INFORMATION & SIGNATURE

Name Title

Church/Organization

Address City, State, Zip

Phone Email

Signature Date

Thank you! Please return completed form to NTS (address and fax number on reverse side).