



NEW BRUNSWICK Theological Seminary

Application for Admission Doctor of Ministry (D.MIN) Program

Called in Jesus Christ, empowered by the Holy Spirit, New Brunswick Theological Seminary participates in God's own laboring to fulfill God's reign on earth.

Rooted in the Reformed tradition and centered in its trust of God's sovereignty and grace, the Seminary is an inter-cultural, ecumenical school of Christian faith, learning, and scholarship committed to its metro-urban and global contexts.

Our mission is to educate persons and strengthen communities for transformational, public ministries in church and society. We fulfill this mission through creative, contextual, and critical engagement with texts, traditions, and practices.

www.nbts.edu

New Brunswick Theological Seminary
17 Seminary Place
New Brunswick, NJ 08901-1196
1.800.445.NBTS (6287)

New Brunswick Theological Seminary is accredited by the Association of Theological Schools in the United States and Canada and licensed by the Board of Higher Education of the State of New Jersey and the Board of Regents of the State of New York

APPLICATION FOR ADMISSION TO THE DOCTOR OF MINISTRY PROGRAM
NEW BRUNSWICK THEOLOGICAL SEMINARY
17 SEMINARY PLACE, NEW BRUNSWICK, NJ 08901
800.445.NBTS (6287)
FAX: 732.249.5412

DATE _____

PERSONAL INFORMATION

NAME _____ DATE OF BIRTH _____

PREFERRED MAILING ADDRESS HOME CHURCH/AGENCY

HOME ADDRESS _____

TITLE/POSITION IN CHURCH/AGENCY _____

NAME OF CHURCH/AGENCY _____

ADDRESS _____

TELEPHONE DAY () _____ EVENING () _____

FAX () _____ E-MAIL _____

SOCIAL SECURITY # _____ MALE _____ FEMALE _____

CHURCH INFORMATION

RELIGIOUS DENOMINATION _____

WHERE ARE YOUR MINISTERIAL CREDENTIALS HELD? _____
(conference, diocese, convention, synod, district, etc.)

DATE ORDAINED _____ (if applicable) DATE LICENSED _____ (if applicable)

NUMBER OF YEARS IN FULL-TIME PROFESSIONAL MINISTRY _____ PART-TIME _____

SCHOLASTIC INFORMATION

Please list in order attended colleges, universities, and graduate institutions. (Be sure to list the town and state, and the date(s) you graduated.)

VOCATIONAL PLANS

Do you plan a change in vocation or location which may affect your participation in the Doctor of Ministry programs? If yes, please explain.

FINANCES

Have you carefully review the estimates of program costs as applied to your situation? _____
Do you have adequate financial resources to undertake the program? _____ If not, how will you obtain the necessary funds?

PROGRAM

Identify a possible thesis project or area of concentration you are considering as a focus for your Doctor of Ministry work.

In order to complete your application for NBTS Doctor of Ministry, the following should be sent to:

**Office of Student Services
New Brunswick Theological Seminary
17 Seminary Place
New Brunswick, NJ 08901-1196**

1. This completed application together with a non-refundable check or money order of \$25.00 made payable to NBTS. Application deadline is July 30th of the program start up years.
2. **Official transcript** of your Master of Divinity or equivalent degree and all previous undergraduate and graduate programs you attended.
3. **Two recommendations** (forms enclosed) one that expresses support and participation in the doctoral program from your official board or other ministry context, and one from a colleague who is familiar with your work.
4. **Background Check Release Form:** Attach completed release form with \$25 processing fee (separate check).
5. **A critical essay** of 8-10 pages maximum (double spaced) that provides sense of who you are, why you are interested in this program, and your ability and reflection on the practice of urban ministry. In organizing this essay, consider the following questions:
 - How would you describe your life (e.g., your formative personal relationships, circumstances, turning points and events, intellectual development and personal accomplishments).
 - What are essential principles of your religious faith today? Have these changed in recent years?
 - How do you view urban ministry? What is your theology of ministry? How does this correlate with your present ministry?
 - Describe a case situation in which you as a leader of your congregation addressed a particular urban issue. What was the learning?

Recommendation of Church Board (or Directors of Other Ministry Activity)

TO THE APPLICANT: Please provide the information requested on this portion of the form, then give the form to the person giving you a reference, along with a stamped envelope addressed to the **Office of Student Services/D.MIN Admissions, New Brunswick Theological Seminary, 17 Seminary Place, New Brunswick, New Jersey, 08901**

Name of Applicant _____

Person writing recommendation _____

I hereby _____WAIVE _____ DO NOT WAIVE my right to access to this recommendation in the event that I become a student at the institution and am accorded this right.

Applicant's signature _____ Date _____

Please comment briefly on your relationship to the applicant. Include in your comments your evaluation of the applicant's effectiveness in ministry leadership. Also, indicate your organization's intent to support the applicant in the doctoral program and your agreement to participate with the applicant during the course of doctoral studies.

Signed _____ Date _____

Name Printed _____

Title/Position _____

Address _____ Phone _____

_____ E-Mail _____

Recommendation of Colleague Doctor of Ministry Degree

TO THE APPLICANT: Please provide the information requested on this portion of the form, then give the form to the person giving you a reference, along with a stamped envelope addressed to the **Office of Student Services/D.MIN Admissions, New Brunswick Theological Seminary, 17 Seminary Place, New Brunswick, New Jersey, 08901**

Name of Applicant _____

Person writing recommendation _____

I hereby _____WAIVE _____ DO NOT WAIVE my right to access to this recommendation in the event that I become a student at the institution and am accorded this right.

Applicant's signature _____ Date _____

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Signed _____ Date _____

Name Printed _____

Title/Position _____

Address _____ Phone _____

_____ E-Mail _____