



**NEW JERSEY CAMPUS**

35 Seminary Place  
New Brunswick, NJ 08901-1196  
732.247.5241 • Fax 732.249.5412  
800.445.NBTS (6287)  
admissions@nbts.edu

**NEW YORK CAMPUS**

St. John's University  
St. John Hall, Room B36  
8000 Utopia Parkway  
Jamaica, NY 11439  
718.990.6000 • Fax 718.990.5932  
nbts-ny@nbts.edu

# 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.

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Accredited by the Commission on Accrediting of the Association of Theological Schools in the United States and Canada. The following degree programs are approved: Doctor of Ministry, Master of Divinity, and Master of Arts. The following extension sites are approved as specified: Jamaica, Queens, New York; approved degrees: Master of Divinity and Master of Arts.

The Commission on Accrediting of the Association of Theological Schools in the United States and Canada  
10 Summit Park Drive, Pittsburgh, PA 15275, USA. Telephone: 412.788.6505 • Fax: 412.788.6510 • Web: <http://www.ats.edu>

# Application Requirements – Doctor of Ministry

## Checklist

<p><i>All Required Forms with Fees can be submitted any time but must be received no later than two months prior to the semester for which application for admission is being made, i.e., July 31 for fall admission and October 31 for spring admission.</i></p> <p><i>In order to complete your application for the Doctor of Ministry program, NBTS must receive all documents and fees at this address:</i></p> <p><b>Office of Admissions New Brunswick Theological Seminary 35 Seminary Place New Brunswick, NJ 08901</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Application Form (attached)</li> <li><input type="checkbox"/> Background Check Inquiry Release Form (attached)</li> <li><input type="checkbox"/> \$50 Application Fee (non-refundable)</li> <li><input type="checkbox"/> \$25 Background Check Processing Fee (non-refundable)</li> <li><input type="checkbox"/> Signed and dated Student Certification Form (attached)</li> </ul> <p><i>Make checks/money orders payable to NBTS. PayPal/credit cards accepted.</i></p>
<p><input type="checkbox"/> <b>Transcripts</b></p>	<p><i>Official transcript of your Master of Divinity or equivalent degree, with a 3.0 grade point average, and all previous undergraduate and graduate programs you attended. See “Transcripts” information below.</i></p> <p><i>Pastoral Care and Counseling applicants: please provide evidence of at least one unit of Clinical Pastoral Education (CPE).</i></p>
<p><input type="checkbox"/> <b>Two Recommendations</b> (Forms Attached)</p>	<p><i>(a) Recommendation from your official board or other ministry context that expresses support and participation in your doctoral work</i></p> <p><i>(b) Recommendation from a colleague who is familiar with your work</i></p>
<p><input type="checkbox"/> <b>Critical Essay</b></p>	<p><i>See instructions below for questions specific to the concentration for which you are applying.</i></p>

## Transcripts

(a) If your earned degree(s) include(s) transfer credits from another institution, you must submit an official transcript from each institution.

(b) If you have a professional or other graduate degree(s), please provide a transcript(s) if you wish the credits to be considered for transfer to NBTS.

All transcripts should be sent directly to the Office of Admissions at NBTS from the registrar of the institution.

## Recommendations

All applicants are required to have two recommendations sent to NBTS, one from an official church board or other ministry context expressing support and participation in the doctoral program and one from a colleague who knows your work well. Recommendation forms attached. Please follow instructions at the top of each form.

1) \_\_\_\_\_ / \_\_\_\_\_  
 Name of church/agency official                      Phone number/e-mail address

2) \_\_\_\_\_ / \_\_\_\_\_  
 Name of colleague    Phone number/e-mail address

## Critical Essay Instructions

### **PASTORAL CARE AND COUNSELING APPLICANTS only:**

Please submit 8-10 double-spaced pages maximum that provides a sense of who you are, why you are interested in the Doctor of Ministry program, and your ability and reflection on the practice of ministry. Include the following:

- Describe your life in terms of 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?
- What is your view of ministry (preaching and missions, and pastoral care)?
- Describe a case situation where you, in a position of leadership, addressed a particular issue. What did you learn?

### **METRO URBAN APPLICANTS only:**

Please submit 8-10 double-spaced pages maximum that provides a sense of who you are, why you are interested in the Doctor of Ministry program, and your ability and reflection on the practice of ministry. Include the following:

- Describe your life in terms of 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?
- What is your view of urban ministry? What is your theology of ministry? How do these correlate with your present ministry?

### **TRANSFORMATIONAL PREACHING APPLICANTS only:**

Write an essay of 1,000-1,500 words that responds to the following questions. The essay should be double-spaced and written in 12 pt. Times New Roman font. The essay will be evaluated based on your demonstration to clearly articulate your understanding of the role that preaching has in transformation and your readiness for post-graduate research and study.

- Please share your experience of the “call” to preach.
- Define what you believe is the impact and purpose that preaching should have on the congregation, the community and the world at large. Please support with Scripture.
- Please share how you believe preaching can be transformational.
- Please share why you should be admitted into this program.

Please use footnotes citing all resources text you use to support your answers.

# Personal Information

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Current mailing address: \_\_\_\_\_  
\_\_\_\_\_

Permanent address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Phone (check preferred number): Cell  (\_\_\_\_\_) \_\_\_\_\_ Home  (\_\_\_\_\_) \_\_\_\_\_

Work  (\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Female  Male

Are you currently employed? Yes  No  Full time  Part time

If "yes," name and address of employer: \_\_\_\_\_

How did you learn about NBTS? \_\_\_\_\_

Expected term for Seminary entrance: Fall  Spring  Year \_\_\_\_\_

Select Doctor of Ministry concentration: Prophetic Urban Ministry   
Transformational Preaching   
Pastoral Care and Counseling

# Church Information

Religious denomination: \_\_\_\_\_

Title/position in church/agency: \_\_\_\_\_

Name of church/agency: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

Where are your ministerial credentials held? \_\_\_\_\_  
(Conference, diocese, convention, synod, district, etc.)

Date ordained (if applicable): \_\_\_\_\_ Date licensed (if applicable): \_\_\_\_\_

Number of years in professional ministry: full time \_\_\_\_\_ part time \_\_\_\_\_

# SCHOLASTIC INFORMATION

Please list in order attended: colleges, universities, and graduate institutions.

Institution \_\_\_\_\_ Degree received \_\_\_\_\_ Date received \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Institution \_\_\_\_\_ Degree received \_\_\_\_\_ Date received \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Institution \_\_\_\_\_ Degree received \_\_\_\_\_ Date received \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Institution \_\_\_\_\_ Degree received \_\_\_\_\_ Date received \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

## VOCATIONAL PLANS

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

## FINANCES

Have you carefully reviewed the estimates of the 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 construction you are considering as the focus of your D.Min. work.

## Student Certification

As an essential part of the admissions process, applicants are requested to provide several kinds of information regarding their personal and academic background. Failure to make written disclosure of information solicited on the application form, or misrepresentation in the information supplied, constitutes a *prima facie* basis for denial of admission. Where omissions or misrepresentations come to light after matriculation at the Seminary, and are reasonably believed to cast doubt upon the student's suitability for theological study, he or she is subject to dismissal.

***By my signature below, I certify that I have read the above statement and that all the information on this form is true and complete to the best of my knowledge.***

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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*In order to complete your application for the Doctor of Ministry program, NBTS must receive all documents and fees at this address:*

**Office of Admissions  
New Brunswick Theological Seminary  
35 Seminary Place  
New Brunswick, NJ 08901**

# RECOMMENDATION OF OFFICIAL BOARD/MINISTRY

## Doctor of Ministry Degree

**TO THE APPLICANT:** Please provide the information in the box below, then give the form to the person giving you a reference, along with a stamped envelope addressed to the following:

Office of Admissions, New Brunswick Theological Seminary • 35 Seminary Place • New Brunswick • New Jersey • 08901

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Please check concentration: Metro Urban Ministry  Pastoral Care and Counseling  Transformational Preaching

Person writing recommendation \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Email \_\_\_\_\_

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.

Do you believe the applicant has demonstrated a readiness for advanced theological study? Yes  No

Do you support the applicant's participation in the doctoral program? Yes  No

Please comment below, indicating the nature of your relationship with the applicant and how that relationship informs your judgment of him/her. We will appreciate your candid evaluation of the applicant's intellectual ability, maturity, sense of responsibility, character, emotional stability, and the potential for effectiveness in a leadership position in ministry. You may attach additional sheet(s) if needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

# RECOMMENDATION OF COLLEAGUE

## Doctor of Ministry Degree

**TO THE APPLICANT:** Please provide the information in the box below, then give the form to the person giving you a reference, along with a stamped envelope addressed to the following:

Office of Admissions ♦ New Brunswick Theological Seminary ♦ 35 Seminary Place ♦ New Brunswick ♦ New Jersey 08901

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Please check concentration: Metro Urban Ministry  Pastoral Care and Counseling  Transformational Preaching

Person writing recommendation \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Email \_\_\_\_\_

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.

Please comment below, indicating the nature of your relationship with the applicant and how that relationship informs your judgment of him/her. We will appreciate your candid evaluation of the applicant's intellectual ability, maturity, sense of responsibility, character, emotional stability, and any other factors indicting readiness for advanced theological study and the potential for effectiveness in a leadership position in ministry. You may attach additional sheet if needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_