

Application Requirements – Doctor of Ministry

Checklist

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.

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**

- Application Form (attached)
- Background Check Inquiry Release Form (attached)
- \$50 Application Fee (non-refundable)
- \$25 Background Check Processing Fee (non-refundable)
- Signed and dated Student Certification Form (attached)

Make checks/money orders payable to NBTS. PayPal/credit cards accepted.

Transcripts

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.

Pastoral Care and Counseling applicants: please provide evidence of at least one unit of Clinical Pastoral Education (CPE).

Two Recommendations

(Forms Attached)

- (a) Recommendation from your official board or other ministry context that expresses support and participation in your doctoral work*
- (b) Recommendation from a colleague who is familiar with your work*

Critical Essay

See instructions below for questions specific to the concentration for which you are applying.

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

Please submit an essay of 8-10 (maximum) double-spaced pages, that provides a sense of who you are, why you are interested in the Doctor of Ministry program, your ministerial identity, and critical reflection on your 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, and how do you hope this degree will correlate with your present ministry?

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

Social Security Number: _____

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
 Missiology and Global Christianity

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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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: Prophetic Urban Ministry Pastoral Care and Counseling

Transformational Preaching Missiology and Global Christianity

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 Missiology and Global Christianity

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 indicating 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 _____