

# APPLICATION FOR ADMISSION DOCTOR OF MINISTRY DEGREE PROGRAM

Terms and procedures can be found on the back of this application.

### TERM OF ENTRY

- □ January of 20 \_\_\_\_\_ (Application file must be complete by September 1)
- □ June of 20 \_\_\_\_\_ (Application file must be complete by February 1)

### AREA OF CONCENTRATION

Select one AREA OF CONCENTRATION

- □ THE BIBLE AND THE PRACTICE OF MINISTRY
- □ THE CHURCH'S LIFE AND THE PRACTICE OF MINISTRY
- □ PROCLAMATION AND WORSHIP
- □ THEOLOGY AND THE PRACTICE OF MINISTRY

### PERSONAL INFORMATION

□ Mr. □ Ms. [	Mrs. Miss Dr. Rev. Other				
Full Name				🗖 Male	□ Female
Preferred Name		Social Security # _			
Home Address _					
City/State/ZI	P	Home Phone (	)		
Ministry Address	3				
City/State/ZI	P	Work Phone (	)		
Cell Phone (	)	Fax # (	)		
E-mail					
Indicate preferred	d mailing address: 🛛 Home 🖓 Ministry				
Date of Birth/ / Place of Birth					
Citizenship: $\Box$	U.S. 🗖 Other country (indicate)				
• I	f you are not a U.S. citizen, are you a Lawful Pe	rmanent Resident (U.S. O	Green Card)?	Yes 🗖	No 🗖
	ndicate other Residency Status or Visa Type				
Primary Languag	ge	Date TOEFL taken	/	/	Year
	PBT (Paper-based TOEFL)				
	or CBT (Computer-based TOEFL)	(min	imum score of	213 require	ed)
	or iBT (Internet-based TOEFL)	(min	imum score of	79 required	l)

### FAMILY BACKGROUND

\_\_\_\_\_

Applicant's Marital Status: Single Married Widowed

Spouse's Full Name

Spouse's Occupation/Employer \_\_\_\_\_

### ACADEMIC BACKGROUND

• You are <u>required</u> to provide Austin Seminary with an <u>official</u> transcript of record from <u>every</u> college, university, seminary, and graduate school you have attended.

• Below, list every educational institution attended, attaching an addendum if necessary. If you believe your academic record is not an accurate indication of your intellectual ability, address the circumstances in your autobiographical essay.

Institution	Location	idance To	Degree Earned	Year Rec'd
Undergraduate College/University			-	
GRADUATE/PROFESSIONAL SCHOOL, SEMINARY				

#### ECCLESIAL INFORMATION

DENOMINATIONAL AFFILIATION (provide full, official name)

	Date of Ordination				
EMPLOYMENT HISTORY (List most recent work first)					
Dates	Position / Setting				

### OTHER INFORMATION

Do you intend to request transfer of credit into the DMin degree program at Austin Seminary?  $\Box$  Yes  $\Box$  No If yes, indicate the number of credits and the institution at which they were earned:

Only accredited doctoral-level course work completed within 7 years prior to the date of matriculation at Austin Seminary can be considered. No more than one elective can transferred to the DMin degree program. Transfer credit is granted by the Academic Dean upon matriculation at Austin Seminary.

Indicate other seminaries/institutions to which you have applied

Do you have any health or physical condition that may affect your studies or that Austin Seminary should be aware of in order that we may support your study efforts?  $\Box$  Yes  $\Box$  No (If yes, address the circumstances in your autobiographical essay.)

Note: It is the policy of Austin Presbyterian Theological Seminary not to discriminate on the basis of sex, age, race, national and ethnic origin, or handicapping condition in its educational programs, student activities, employment, or admissions policies.

### FINANCIAL CONSIDERATIONS

Are you eligible to receive Veterans' educational benefits while in seminary:  $\Box$  Yes  $\Box$  No

Your past educational indebtedness balance (i.e., student loans) when you enter seminary will be \$\_\_\_\_\_

### IMPORTANT

Under the provisions of the Family Education Rights and Privacy Act of 1974, you have the right, if you matriculate at Austin Seminary, to review your educational records, including letters of reference for admission. Indicate below, by checking the appropriate sentence and signing your application, whether or not you desire to waive this right. Applicants who do not complete this section *automatically waive* this right.

□ I *waive* the right to review any reference forms submitted on behalf of my application.

□ I reserve the right to review any reference forms submitted on behalf of my application.

I declare that the information provided in all parts of this application is true and correct to the best of my knowledge.

Signature \_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS APPLICATION TO:** 

The Office of Admissions Austin Presbyterian Theological Seminary 100 East 27th Street Austin, Texas 78705-5797



## TERMS AND PROCEDURES FOR ADMISSION DOCTOR OF MINISTRY DEGREE PROGRAM

### TERMS

The Doctor Of Ministry degree is a professional doctorate intended to equip ministers for a high level of excellence in the practice of ministry. The Doctor of Ministry program is for ministers who already possess at least the first theological degree of Master of Divinity, or its equivalent. Admission ordinarily presupposes at least three years in the practice of ministry after earning the MDiv degree, and continued practice of ministry during the course of study. Refer to Academic Programs, Doctor of Ministry in the Austin Seminary Catalogue for more in-depth information.

Austin Seminary reserves the right to exercise its discretion in granting or denying admission of applicants to any of its degree programs on any grounds consistent with its educational standards, its stated purpose and mission, its religious commitments, and its self-understanding as a community.

#### PROCEDURES

Applicants are responsible for the timely arrival of all materials. Materials (including transcripts) submitted with an application will not be returned. No application will be considered until all required documents have been received. Applicants are encouraged to submit the application form as soon as it is completed. The essay portion may follow at a later date.

### I. APPLICATION PROCESS

Deadlines: One must have an application file completed by September 1 before the January term for which admission is requested, or by February 1 before the June term for which admission is requested.

The applicant shall:

- □ 1. Submit a formal application for admission on the form provided by the Office of Admissions.
- 2. Provide *official* transcripts from *each* college, university, seminary, and graduate school attended, as well as a record of recent nondegree education. Transcripts shall provide evidence that applicants hold degrees from accredited institutions. Ordinarily a grade point average of at least 3.0 on a 4.0 scale (or 2.0 on a 3.0 scale) shall be required for admission.
- □ 3. Submit a written statement in two parts.

#### Part I (750-1000 words; 3-5 pages)

In this section you are expected to:

- articulate how, since ordination, you have changed personally, professionally, and theologically;
- describe the background in ministry which motivates you to seek further competence in ministry;
- describe clearly the ministry situation in which the DMin work will be done;
- list personal and professional goals and how the area of concentration to be pursued will meet those goals and increase your competence in ministry (refer to *Academic Programs, Doctor of Ministry* in the *Catalogue* for a description of concentrations);

Part II (1500 words; 6 pages)

- In this academic essay, you shall discuss a primary issue or problem in ministry, related to your intended area of concentration, which could be explored in a Doctor of Ministry program and reflect on that issue or problem theologically. You should bring to bear on this discussion appropriate readings from theological works as well as resources from a particular ecclesiastical tradition. This essay should demonstrate the ability to do doctoral-level work, i.e., to think critically, to construct a coherent argument, and to document sources correctly.
- 4. Submit the completed Letter of Endorsement, signed by the appropriate member(s) of your session, church board, or institutional officials.
- □ 5. Submit the nonrefundable application fee of \$50.00 (payable by check, money order, or credit card) with the application.
- □ 6. Arrange for an admissions conference with the Director of the Doctor of Ministry program. The director can be contacted at (512) 404-4861. The admissions conference may be conducted by telephone.
- 7. Complete a criminal history check, including driving records, through Certifiedbackground.com. To grant Austin Seminary access to your background check, enter our institution's package code (AU33) when you submit your information on-line. The cost for this service is born by the student. Note that charges and past offenses do not automatically disqualify an applicant. All records will be evaluated in context. Contact the Office of Admission for more information.
- **8**. Enclose a recent photograph (optional).



Full Name of Applicant:\_

In this section, provide the Admissions Committee the names of references who can speak candidly and knowledgeably about you in the areas listed below. Realizing that no one person is capable of remarking on *all* these areas, select four references whose combined knowledge of you covers as many of these areas as possible.

- Your areas of particular strength
- Areas that should be strengthened
- Personal maturity and ability to manage your time and work
- Your academic ability for graduate-level studies

Provide a full mailing address for each reference. <u>The Admissions Office will send a reference form directly to each individual you indicate</u>. Please contact the persons before submitting their names to us, ascertaining their willingness to serve as your reference and confirming their current addresses and phone numbers. By providing their names you are granting the Seminary the right to contact them for clarification.

• For the first reference, specify a *professor or other professional* who can attest to your academic ability.

Name	Position
Mailing Address	
City/State/ZIP	
Daytime Phone ()	Fax Number ()
E-mail	
• For the second reference, specify <i>a lay per</i>	rson with whom you currently work or have worked.
Name	Position
Mailing Address	
City/State/ZIP	
Daytime Phone ()	Fax Number ()
E-mail	
• For the third reference, select <i>an ordained</i>	
Name	Position
Mailing Address	
City/State/ZIP	
Daytime Phone ()	Fax Number ()
E-mail	
• For the fourth reference, indicate <i>a denor</i>	rninational or ecclesial official.
Name	Position
Institution and Address	
Daytime Phone ()	Fax Number ()
E-mail	

(Intentionally blank)

# LETTER OF ENDORSEMENT

Rev. Jack Barden Vice President for Admissions Austin Presbyterian Theological Seminary 100 East 27th Street Austin, TX 78705-5797

Dear Rev. Barden,

This endorsement is made on behalf of:

who serves as \_\_\_\_\_\_ (indicate pastor, chaplain, etc.) of \_\_\_\_\_\_ (indicate church or institution).

In accordance with your admissions policies, he/she has requested that the session/governing board endorse him/her in this new academic venture.

He/she has discussed with us his/her desire to enter the Doctor of Ministry degree program at Austin Presbyterian Theological Seminary.

By our signature(s) below we affirm that the above named Doctor of Ministry applicant:

- has discussed the financial, academic, congregational/institutional, travel, and time demands that entering your Doctor of Ministry program entails, including the need for:
  - at least two (and up to four) weeks of education leave each year to attend courses at the Austin campus;
  - additional time to study, read required texts, conduct research, and write all necessary papers;
  - additional support and consideration when the final project is crafted, implemented, written, and evaluated; and,
- has requested permission to conduct four doctoral research projects (three elective projects and one final project) in the context of our ministerial setting.

We understand that the Seminary sees our endorsement as vital, and we pledge to be as supportive as we can in as many

ways as we can in helping	(name) successfully complete
this degree.	
Sincerely,	
Signature	
Printed Name	
Title	
Date	