

COLUMBIA
THEOLOGICAL
SEMINARY

APPLICATION FOR ADMISSION
Doctor of Educational Ministry

Advanced Professional Studies
P. O. Box 520
Decatur, Georgia 30031
AdvancedStudies@CTSnet.edu
404 687-4534 404 377-9696 (fax)

Name of Applicant: _____ Date of Application _____

ADMISSION REQUIREMENTS:

1. Complete form with photograph and a non-refundable fee of \$65.00 (check payable to Columbia Theological Seminary).
2. Official transcripts showing Bachelor and post-Bachelor degree dates and grades. (Have transcripts sent directly to Advanced Professional Studies Office)
3. A personal statement (eight pages or fewer, double-spaced) containing:
 - a) an account of your educational ministry to date;
 - b) your reasons for seeking a Doctor of Educational Ministry at this time;
 - c) your plans for educational ministry after completing the program.
4. Three reference forms, each with a copy of your personal statement, sent to persons who will recommend you. Request that the completed reference forms be sent directly to Advanced Professional Studies.

AFFIX
PHOTOGRAPH
HERE

Name _____ Address _____
Minister

Name _____ Address _____
Seminary Professor

Name _____ Address _____
Business / professional / public service colleague

5. Send one copy of your personal statement, this form, photograph, and fee to:

**Advanced Professional Studies Office
Columbia Theological Seminary
P.O. Box 520
Decatur, Georgia 30031**

I hereby waive my right to inspect the references sought by the Columbia Theological Seminary that their confidentiality may be maintained.

(Signed) _____

PERSONAL INFORMATION (circle the name you prefer to be called)

Name

(Last)

(First)

(Middle)

Home Address

_____ Phone _____

(Number and Street)

(City) (State)

(Zip)

Work Address

_____ Phone _____

(Number and Street)

(City) (State)

(Zip)

Present Position: Title _____ How long have you held this position? _____

Institution: _____

Where do you prefer we send correspondence? Home Work

E-Mail Address _____ Cell _____

Social Security Number _____ Marital Status _____

Date of birth _____ Place of Birth _____ Citizenship _____

Full name of Spouse (if applicable) _____

Names and birthdates of children _____

Person to be notified in case of emergency _____ Relationship _____

Address _____ Phone _____

Specify any reasons why your health might interfere with your completion of the D.Ed.Min. degree:

Describe your plans for meeting your living and educational expenses during the D.Ed.Min. program:

Are you eligible for any governmental educational benefits? Yes No

Will you be covered by hospitalization insurance through your present policy? Yes No

EDUCATION

What formal education have you undertaken since high school?

<u>Name of Institution</u>	<u>Dates Enrolled</u>	<u>Major</u>	<u>Degree or Certificate Earned</u>
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Special academic honors in these programs?

Describe any informal studies or continuing education you have pursued in recent years:

CAREER

Briefly describe any change in position you may be contemplating:

Previous positions and offices held in church:

Dates:

Secular Employment:

Dates:

Describe any other work, projects or participation in organizations that you consider important in your vocation:

DENOMINATION:

Denomination:

Date you became a member?

Describe earlier membership in any other denomination:

Present status in your denomination (ordained, licensed, certified, etc.):

Date achieved?

ENDORSEMENT:

After your admission has been approved and before you enroll, the Advanced Professional Studies Office will seek a letter of endorsement for your candidacy for the D.Ed.Min. degree from your session, governing board, or ecclesiastical supervisor. Please identify the person and official position of the person you will ask to endorse your candidacy.

(Name)

(Position)

D.ED.MIN. PROGRAM PLANS

If admitted to the Program, when do you wish to begin your work?

Fall of Year _____