

COLUMBIA  
THEOLOGICAL  
SEMINARY

APPLICATION FOR ADMISSION  
Doctor of 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 \_\_\_\_\_

The Columbia Theological Seminary Doctor of Ministry Program is conducted cooperatively with the other members of the Atlanta Theological Association. The fall and winter Church and Ministry seminars, respectively are cooperative programs with the Interdenominational Theological Center of Atlanta and the United Theological College of the West Indies, Kingston, Jamaica.

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 or non-degree dates and grades. (Have transcripts sent directly to Advanced Professional Studies Office)
3. A personal statement (ten pages or fewer, double-spaced) containing:
  - a) an account of your ministry to date;
  - b) your reasons for seeking a Doctor of Ministry in your particular chosen program approach;
  - c) your plans for ministry after completing program.
4. Three reference forms, each with a copy of your personal statement sent to persons who will recommend you. Request that the reference forms be returned directly to the Advanced Professional Studies Office.

AFFIX  
PHOTOGRAPH  
HERE

Name \_\_\_\_\_ Address \_\_\_\_\_  
Minister

Name \_\_\_\_\_ Address \_\_\_\_\_  
Seminary Professor

Name \_\_\_\_\_ Address \_\_\_\_\_  
Business / professional / public service colleague

5. Send a 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)

Cell / mobile phone \_\_\_\_\_

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

Institution: \_\_\_\_\_

Where do you prefer we send correspondence?  Home  Work

E-Mail Address \_\_\_\_\_ Fax \_\_\_\_\_

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.Min. degree:

Describe your plans for meeting your living and educational expenses during a doctoral 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> |
|----------------------------|-----------------------|--------------|-------------------------------------|
|----------------------------|-----------------------|--------------|-------------------------------------|

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, 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.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.

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(Name)

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(Position)

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## D.MIN. PROGRAM PLANS

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

Fall     Winter     Summer

Year \_\_\_\_\_

In which program approach do you wish to enroll?

\_\_\_ Church & Ministry      \_\_\_ Gospel & Culture      \_\_\_ Christian Spirituality

\_\_\_ Church Planting & Transformation