

Dear Prospective Student,

Thank you for expressing interest in the Doctor of Education program at Southeastern Seminary. Our Doctor of Education program is structured to serve your needs as an educator or minister and to ensure the quality of our program. The admission process includes submission of the following elements:

Pre-application phase:

- Pre-application form
- Professional resume
- All official transcripts

Full application phase:

- Application form (with photo and application fee of \$40)
- 3 references (one clergy, one academic, and one other)
- Church recommendation form
- Autobiography
- Philosophy of education paper
- Purpose and goals paper
- Miller Analogies Test (MAT)
- Master's level statistics prerequisite
- Southeastern Covenant
- Medical Form
- Biblical studies prerequisites for students who have not studied at a theological institution include 12 hours in master's level:
 - Old Testament
 - New Testament
 - Baptist History
 - Christian Theology

If you have any questions or need any assistance please contact our office at 919-761-2490 or via email to edd@sebts.edu. Again, thank you so much for your interest and we look forward to working with you.

In Christ,

Kenneth S. Coley
Director of Ed.D. Studies



SOUTHEASTERN
BAPTIST THEOLOGICAL
SEMINARY

STATEMENT OF PURPOSE

Southeastern Baptist Theological Seminary prepares men and women by means of academic studies and preparation for leadership roles in Baptist churches and in other Christian ministries.

PRE-APPLICATION FOR DOCTOR OF EDUCATION PROGRAM

Applicants for the Doctor of Education program at Southeastern Seminary initially follow a pre-application process. The successful applicant must have earned a 3.25 GPA or higher in a Master's program and met the other published requirements.

The pre-application must include a complete professional resume and official transcripts. When these documents have been received, they will be reviewed by the program director. Upon the recommendation of the director, regular application forms will be provided and the next stage of the application process will begin. A full program description is provided once admitted.

Full name (last, first, middle)

Mailing address

Date of birth

City State Zip

Email address

(____) _____
Home telephone

School attended for master's degree

(____) _____
Office telephone

Year master's received

Place of current employment

Please indicate the semester and year which you plan to begin:

___ Fall Semester

___ Spring Semester

Year: _____

Signature

Date

Please send all pre-application materials to:

SOUTHEASTERN BAPTIST THEOLOGICAL SEMINARY
DOCTOR OF EDUCATION OFFICE
P.O. Box 1889
WAKE FOREST, NC 27588-1889
919-761-2490

DOCTOR OF EDUCATION PROGRAM CHECKLIST FOR STUDENT APPLICATION

(Please keep this so that you will be able to know what you have completed)

PRE-APPLICATION QUALIFICATIONS

- Year Masters Received _____ School _____
- Other Graduate Degree(s) with year received and school _____
- GPA (based on Masters or other graduate work) _____ (based on 4 point scale)

PRE-APPLICATION PROCESS

- Pre-Application form
- Professional Resume
- Undergraduate Transcripts (from all schools attended)
- Graduate Transcripts (from all schools attended)

APPLICATION PROCESS

- Application form
- Application fee \$40
- Application photograph
- Church recommendation form

RECOMMENDATIONS (NON-FAMILY)

- Academic
- Clergy
- Other

OTHER REQUIREMENTS:

- Autobiography
- Philosophy of Education Essay
- Interview with director (upon Director's request)
- Proof of completion of graduate-level statistics
- Proof of completion of biblical studies background (if applicable)
- Purpose and Goals for Acquiring an Ed. D.
- Miller Analogies Test Score (MAT)
- TOEFL Score (250/600) (if applicable)
- Spouse's Personal Statement (if applicable)

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Letter of Release

To Whom It May Concern:

You have my permission to release my transcript to:

Southeastern Baptist Theological Seminary
Doctor of Education Office
Post Office Box 1889
Wake Forest, NC 27588-1889

Signature

Date: _____

Full Name: _____

Current Address: _____

Social Security #: _____

Phone: _____

Email: _____

Degree Earned: _____

Date Graduated: _____

Note: If a graduate of SEBTS, this transcript release form may be sent to:

Registry
SEBTS
P. O. Box 1889
Wake Forest, NC 27588

Please remember to order all graduate and undergraduate transcripts.

(Please make sure your signature is on this form)