

DOCTOR OF EDUCATION PROGRAM AT SOUTHEASTERN BAPTIST THEOLOGICAL SEMINARY APPLICATION FOR ADMISSION

APPLICATION PROCESS

This is an official application for admission to the Southeastern Baptist Theological Seminary Doctor of Education degree program. Please complete this form in full and send it to us accompanied by your applicable fees. Application will not be considered until the student's file is completed in full. Decision for admission will be determined by the Ed. D. Admission Committee.

The application packet includes:

- Application
- 3 Recommendation forms
- Church Affirmation form

APPLICATION DEADLINES

Fall Semester: May 1

Spring Semester: November 1

APPLICATION INSTRUCTIONS

The basic application for admission includes the following items:

1. The pre-application phase includes a pre-application form, a professional resume, and official transcripts from each academic institution you have attended beyond high school mailed to the Doctor of Education Office directly from each institution. Once these items are completed and considered by the Ed. D. Admission Committee you will be instructed to complete the full application.
2. The application form and applicable non-refundable fee: new applicants \$40, re-applicants \$25. Please make checks payable to SEBTS – Admissions.
3. A church affirmation and recommendation form is to be filled out by the church where you are currently a member.
4. Recommendations from three persons who have known you *longer than one year*. Recommendations should include one academic source, one clergy source, and one additional source. You are responsible for securing these references, using the enclosed forms. Please have each reference mail the completed recommendations form directly to the Doctor of Education Office. You can speed the process by providing your references with the stamped envelopes addressed to the Doctor of Education Office.
5. A printed autobiography, 2-3 pages in length, documenting your conversion experience, spiritual pilgrimage, call to ministry, and life experiences. This autobiography should include information on ministerial experience, spiritual growth, your calling, and significant life events (such as marriage, physical and emotional illness or divorce, and your reasons for choosing Southeastern Seminary).
6. A printed statement of how this degree will complement your professional goals.
7. Miller Analogies Test (MAT) scores.

8. Applicants must successfully complete (minimum grade of **B**) a graduate-level class in statistics in order to fulfill the language requirement and assure adequate preparation for the course in statistics included in the program.
9. A master's degree in education or related fields from other accredited institutions will be accepted. Admission will require a minimum 3.25 GPA requirement in addition to an acceptable score on the MAT. Those students who did not have biblical studies background in their graduate program, a biblical core of 12 hours will be required prior to matriculation in the second year of the program. The biblical studies core consists of 12 hours composed of New Testament Survey (3 hours), Old Testament Survey (3 hours), Systematic Theology (3 hours), and Baptist History (3 hours). The same option applies to the statistics requirement. Those students lacking course work in Christian education may be given additional requirements.
10. Each applicant must submit a 3-5 page paper on his/her personal philosophy of education.
11. After receiving all application materials the Ed. D. Committee may request an interview.
12. The Ed. D. Admission Committee will notify you within 60 days after receiving your completed application of your admission status.



SOUTHEASTERN
BAPTIST THEOLOGICAL
SEMINARY

Application Date: _____
Student ID #: _____
(Office Use Only)

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.

APPLICATION FOR DOCTOR OF EDUCATION PROGRAM

Instructions: Type or print with black ink. Enclose a \$40.00 check for non-refundable application fee.

Note: Applications are treated confidentially and remain valid for purposes of admission for one to three years.

Full name _____
(Last) (First) (Middle)

Name by which you are called _____

Mailing Address _____

Phone number (____) _____

Email address _____

Have you previously applied to Southeastern? No Yes

Have you previously attended Southeastern? No Yes

Purpose for seeking a Doctor of Education:

- Christian School Administration
- Curriculum Design/Publishing
- Discipleship
- Higher Education Teaching
- Denominational Leadership
- Educational Administration
- Local Church Ministry
- Higher Education Administration

Other _____

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

_____ Fall Semester _____ Spring Semester Year: _____

Attach a recent
passport style
photo here
B/W or Color

I. PERSONAL DATA

Male Female

Place of birth _____ Birth date (mm/dd/yy) _____

Home city and state _____ Citizenship _____

Occupation/Place of most recent employment _____

Full time Part time

Is English your first language? Yes No If no, what is your first language? _____

If English is not your first language, a TOEFL score is required.

TOEFL Score Requested? Yes No

(TOEFL code for Southeastern Baptist Theological Seminary is 5620.)

Ethnic Status

American Indian or Alaskan Native

A person having origins in any of the original people of North America or who maintains cultural identification through tribal affiliation or community recognition

Asian or Pacific Islander

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

Black, non-Hispanic

A person having origins in any of the black racial groups of Africa (except those of Hispanic origin).

Hispanic

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White, non-Hispanic

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Single Married Separated Divorced Remarried Widowed

If you are married, is your spouse fully supportive of your application to seminary? Yes No

Spouse's full name _____ Preferred _____

Spouse's occupation _____ Full time Part time

Name, age, and gender of each child living at home _____

In case of emergency, whom should we contact (name, relationship, phone number): _____

II. RELIGIOUS HISTORY

Name and mailing address of the church in which you presently hold membership:

Please describe what experiences you have had in professional Christian ministry:

| Position | Dates Served | Place |
|----------|--------------|-------|
| | ____ -- ____ | |
| | ____ -- ____ | |
| | ____ -- ____ | |
| | ____ -- ____ | |
| | ____ -- ____ | |

III. EDUCATIONAL HISTORY

Please list all institutions attended beyond high school:

| Name of School | State | Degree | Major | Dates Attended |
|----------------|-------|--------|-------|----------------|
| | | | | ____ -- ____ |
| | | | | ____ -- ____ |
| | | | | ____ -- ____ |
| | | | | ____ -- ____ |
| | | | | ____ -- ____ |

Note: An official transcript from each institution is required. Transcripts must be mailed directly from each institution.

Maiden name on transcripts (if applicable) _____

IV. EMPLOYMENT INFORMATION

Please list your church and secular employment not previously provided:

| Employer | Position | City & State | Dates | Paid/ Volunteer |
|----------|----------|--------------|--------------|--------------------|
| | | | ____-__-____ | |
| | | | ____-__-____ | |
| | | | ____-__-____ | |
| | | | ____-__-____ | |
| | | | ____-__-____ | |

V. FINANCIAL AND LEGAL DATA

Have you ever been engaged in legal action regarding your personal finances? No Yes
If your answer is yes, please explain.

Is there anything in your financial history (e.g. major pending debts other than house and/or car) of which the Seminary should be aware? No Yes
If your answer is yes, please explain.

State plans for financing seminary expenses and other current financial obligations.

Have you been involved in any legal action in the last 10 years? No Yes
If your answer is yes, please explain.

VI. PERSONAL REFERENCES

Distribute the proper reference forms to three persons (as specified) who are qualified to judge your potential for ministry, and request that they mail them to the Doctor of Education Office in the envelopes provided as soon as possible. References should include: Academic, clergy, and one additional source.

Please list the names and titles of persons whom you have asked to complete letters of reference:

Are there any matters of special concern in your background (doctrinal, personal, legal, moral, health, felony, or other) of which the Ed. D. Admissions Committee should be aware? No Yes
If your answer is yes, please explain on a separate sheet of paper.

VII. CERTIFICATION

I certify that to the best of my knowledge the information provided on this application and in other admission related documents is true, accurate, complete, and is voluntarily given. I hereby give my permission for this information to be used by Southeastern Seminary for the purpose of considering my application, for academic advisement, and for maintaining student records. I fully understand that false or misleading information provided to the Seminary as a part of this application or in the accompanying documents may invalidate the approval process or, if admission has already occurred, may be considered as sufficient grounds for dismissal and/or for the denial or the revoking of an official academic transcript and/or degree. Further, I understand that illegal drug use, homosexual activity, heterosexual misconduct, cheating, abusive behavior, and/or other actions contrary to biblical moral standards or to the Seminary policies also stand as sufficient grounds for denial of admission and/or dismissal at any time from the seminary.

My signature indicates my understanding of and agreement with the conditions under which this application is made.

Signature

Date

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



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.

RECOMMENDATION FOR ADMISSION

TO THE DOCTOR OF EDUCATION PROGRAM AT SOUTHEASTERN BAPTIST THEOLOGICAL SEMINARY

The Doctor of Education degree at Southeastern Baptist Theological Seminary is an advanced education degree program. Please provide a confidential reference on the student named below in consideration of your evaluation of the student in terms of the expectations of the program. Place this form (and any attached sheets as desired) in the pre-addressed envelope provided, sign your name across the seal, and return the reference by mail. Thank you for your spiritual sensitivity to our need for an honest evaluation of each applicant. Recommendations are confidential and are destroyed and not maintained after admission decisions are made.

Applicant's name _____

Name of person providing the reference _____

Reference category: Clergy Academic Other

Title or identification of person providing reference _____

Please write your evaluation below:

Reference's Signature

Date

My overall evaluation of this candidate 1 2 3 4 5 (best)

Please complete other side

How long have you known this applicant? _____

| | Excellent | Above Average | Average | Below Average | Poor | No Information |
|---|-----------|---------------|---------|---------------|------|----------------|
| Character (person of moral and spiritual integrity) | 5 | 4 | 3 | 2 | 1 | N |
| Moral Judgment | 5 | 4 | 3 | 2 | 1 | N |
| Emotional stability | 5 | 4 | 3 | 2 | 1 | N |
| Spiritual Maturity | 5 | 4 | 3 | 2 | 1 | N |
| Christian commitment | 5 | 4 | 3 | 2 | 1 | N |
| Potential for effective ministry | 5 | 4 | 3 | 2 | 1 | N |
| Skill in relating to others | 5 | 4 | 3 | 2 | 1 | N |
| Financial responsibility | 5 | 4 | 3 | 2 | 1 | N |
| Spouse/family relations | 5 | 4 | 3 | 2 | 1 | N |
| Academic/intellectual abilities | 5 | 4 | 3 | 2 | 1 | N |
| Leadership potential | 5 | 4 | 3 | 2 | 1 | N |
| Personal appearance/neatness | 5 | 4 | 3 | 2 | 1 | N |
| Self-confidence | 5 | 4 | 3 | 2 | 1 | N |
| Common sense | 5 | 4 | 3 | 2 | 1 | N |
| Sense of humor | 5 | 4 | 3 | 2 | 1 | N |

Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation? No Yes

If your answer is yes, please explain.

Do you have any reservation about recommending this person for admission? No Yes

If your answer is yes, please explain.

Thank you for your thoughtful responses. Please return this form to:

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



MEDICAL INFORMATION

(to be completed by applicant)

We desire to work in the most effective manner possible with each student and request that you furnish the following information. Type or print with black or blue ink and answer all the questions to the best of your ability.

Full name _____

Social Security Number _____ Date of Birth _____

Have you had or do you have any of the following?

If yes answer is given to any question below, please give more information on back of form.

| | Yes | No | | Yes | No |
|-------------------------|-------|-------|------------------------------|-------|-------|
| Arthritis | _____ | _____ | Kidney Trouble | _____ | _____ |
| Diabetes | _____ | _____ | Anemia | _____ | _____ |
| Epilepsy or Convulsions | _____ | _____ | Cancer | _____ | _____ |
| Abnormal Blood Pressure | _____ | _____ | Asthma | _____ | _____ |
| Paralysis | _____ | _____ | Ear, Nose, or Throat Trouble | _____ | _____ |
| Heart Trouble | _____ | _____ | Eye Trouble | _____ | _____ |
| Tuberculosis | _____ | _____ | Fainting Spells | _____ | _____ |

Is your physical activity restricted? _____

Have you any disease or condition for which continuing medication or treatment is required? _____

Are you postponing medical treatment? _____

Do you have any allergy or known sensitivity or intolerance? _____

Do you have any communicable disease? _____

Has treatment been received or recommended for nervous, psychiatric, or emotional problems? _____

Do you require special assistance because of a physical disability? _____

Are there health factors which would make it difficult for you to carry a full program of studies while at college? _____

Signature

Date



THE SOUTHEASTERN COVENANT

1. I understand and embrace the commitment of Southeastern to be a distinctively Christian institution, and I commit myself to seek to know and obey Christ and His Word.
2. I will prioritize my family over my studies; I will learn and follow the directions in God's Word concerning my conduct in my family.
3. I will maintain involvement in a local church, regularly worshiping and studying God's Word with a body of believers.
4. I will follow the policies of Southeastern, and will treat the people and property of this community with respect and courtesy.
5. I will tell the truth, and my academic work will be my own.
6. Either on or off campus, I will not possess or use alcoholic beverages or illegal drugs, I will not misuse prescription drugs, and I will not use tobacco products.
7. I will be financially responsible, paying my bills and working to support myself as necessary.
8. I will keep my mind and body pure, and free from any form of sexual sin, including pornography.
9. I will do my best in my academic work to please the Lord, so that I may be "a workman who does not need to be ashamed" (2 Timothy 2:15).
10. I will conduct myself as a witness of Jesus, treating people with grace and kindness.

Name _____

Signature _____

Date _____



SOUTHEASTERN BAPTIST THEOLOGICAL SEMINARY

A MESSAGE TO THE APPLICANT'S CHURCH

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

Admission to the Seminary requires a recommendation from the church of which the applicant is currently a member or from the applicant's home church. A candidate will not be admitted to Southeastern, nor can enrollment be maintained, without an annual church recommendation. For the named applicant, it is important that the entire statement of recommendation below be carefully considered by the congregation in session. If the church is for any reason unwilling or unable to approve the statement, please return this form to the Seminary so marked. **The pastor or the church clerk must return this form directly to the Seminary as soon as formal church action is taken.** Southeastern is grateful for the church's prayerful and responsible partnership in this process.

CHURCH RECOMMENDATION

(Must be filled out completely)

Having evidence that _____
is a person:

- of genuine Christian commitment and spiritual maturity;
- of moral integrity and emotional stability;
- of faithful attendance and participation in the local church;
- who shows divine enablement to fill leadership roles in Baptist church life or in other Christian ministries;
- and whom this church would consider or recommend for employment in a responsible role in Christian ministry;

One of the following boxes MUST be checked:

- We recommend him/her** for admission to Southeastern Baptist Theological Seminary and pledge our continuing support through prayer.
- We are unwilling to recommend him/her** for admission. (Use the back of this form to explain.)

Name of church (please print) _____

Address of church _____

City _____ State _____ Zip _____

Telephone (_____) _____

This is the named applicant's home church church of current membership

Does this church cooperate with the Southern Baptist Convention in accordance with Article III* (See below.) of the Southern Baptist Convention's Constitution? ___ Yes ___ No

If no, with what denomination does the church identify? _____

Date of church's action _____ Date applicant joined this church _____

Signature of pastor/moderator (non-relative) Signature of church clerk

Please mail directly to:

Southeastern Baptist Theological Seminary

Ed.D. Office

P.O. Box 1889

Wake Forest, NC 27588-1889

The Ed.D. Office may be reached at (919) 761-2490

*Article III. Membership: *The Convention shall consist of messengers who are members of missionary Baptist churches cooperating with the convention as follows: 1. One (1) messenger from each church which: (1) Is in friendly cooperation with the Convention and sympathetic with its purposes and work. Among churches not in cooperation with the Convention are churches which act to affirm, approve, or endorse homosexual behavior and (2) Has been a bona fide contributor to the Convention's work during the fiscal year preceding.*



SOUTHEASTERN
BAPTIST THEOLOGICAL
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Spouse's Personal Statement

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

Applicant Name _____ has applied for admission to Southeastern Baptist Theological Seminary.

This form should **NOT** be enclosed with the APPLICATION FOR ADMISSION form but should be mailed in a separate envelope to:

Southeastern College at Wake Forest
Office of Admissions
P.O. Box 1889
Wake Forest, NC 27588-1889

The Admissions Office may be reached at 1-919-761-2280.

Spouse Name _____ Date _____

Please write or type a *brief* testimony of your salvation experience and of your own sense of calling to Christian service. Describe also the evidence you see of your spouse's divine call to Christian ministry and of your support for your spouse's application to the College. Use black ink, and attach additional sheets as necessary.

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)
- Southeastern Covenant
- Medical Form
- 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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