



SOUTHEASTERN
BAPTIST THEOLOGICAL
SEMINARY

Application Date: _____

Student ID#: _____

STATEMENT OF PURPOSE

Southeastern Baptist Theological Seminary seeks to glorify the Lord Jesus Christ by equipping students to serve the church and fulfill the Great Commission

APPLICATION FOR DOCTOR OF MINISTRY

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

NOTE: Applications take at least 60 days to process. Applications are treated confidentially and remain valid for purposes of admission for two years.

Attach recent
passport style photo
here
B/W or Color

Last Name First Name MI

Name by which you are called _____

Mailing Address: Address _____

City _____ State _____ Zip Code _____

County or Parish _____ Phone Number with Area Code _____

Social Security Number _____ Email _____

Have you previously attended Southeastern? No Yes Have you previously applied to Southeastern? No Yes

Have you been divorced or legally separated, or are you in the process of divorce or separation? No Yes

If yes, you will be asked to complete an additional form and you may be required to come before the Doctor of Ministry Committee for an interview.

- | | | |
|------------------------------------|--|---|
| D.Min. Emphasis Track
Interest: | <input type="checkbox"/> Biblical Counseling | <input type="checkbox"/> Expository Preaching |
| | <input type="checkbox"/> Christian Leadership | <input type="checkbox"/> Great Commission Mobilization |
| | <input type="checkbox"/> Church Revitalization | <input type="checkbox"/> Next Generation Ministry |
| | <input type="checkbox"/> Disciple-Making | <input type="checkbox"/> Pastoral Ministry (Non-specialization) |

I. PERSONAL DATA

Male Female Place of Birth _____ Birth Date (mm/dd/yy) _____

Where do you consider home? City _____ State _____

Occupation/Place of most recent employment _____

Full Time Part Time

Are you a U.S. Citizen? Yes No If no, state legal nationality and/or citizenship: _____

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

Ethnic Status (optional)

- American Indian and Alaskan Native
A person having origins in any of the original peoples 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 _____

Spouse's occupation _____

Full Time Part Time

Child's Name _____

Age _____

Male

Female

Parents names (or nearest relative) _____

Parents names (or nearest relative) _____

Address _____

City _____

State _____

Zip Code _____

Phone Number with Area Code _____

Is either parent an SEBTS alumnus? Yes No

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

List other seminaries to
which you have applied: _____

II. RELIGIOUS HISTORY

How long have you been a Christian? _____

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

Name _____

Address _____

City _____

State _____

Zip Code _____

Is this a cooperating Southern Baptist Church? Yes No

If not, how is it identified denominationally? _____

Do you plan to serve within Southern Baptist life? Yes No

What do you consider to be your home church? _____

To whom do you look as your pastor? _____

Are you licensed? Yes No

Are you ordained? Yes No

Are you a mission volunteer? North America International No Undecided

Have you had missions experience:

If other, please list _____

Please describe what experiences you have had in professional Christian ministry (indicate position, dates served, and place):

III. EDUCATIONAL HISTORY

Name and location of high school attended _____

Graduation Date

Colleges and other post-secondary schools attended:

Name of school	_____	Degree	_____	
Major	_____	Dates Attended	_____	<input type="checkbox"/> Transcript Requested
Name of school	_____	Degree	_____	
Major	_____	Dates Attended	_____	<input type="checkbox"/> Transcript Requested
Name of school	_____	Degree	_____	
Major	_____	Dates Attended	_____	<input type="checkbox"/> Transcript Requested
Name of school	_____	Degree	_____	
Major	_____	Dates Attended	_____	<input type="checkbox"/> Transcript Requested
Name of school	_____	Degree	_____	
Major	_____	Dates Attended	_____	<input type="checkbox"/> Transcript Requested

IV. FINANCIAL DATA

Have you ever been engaged in legal action regarding your personal finances? Yes No

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? Yes No

If your answer is yes, please explain:

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

V. PERSONAL REFERENCES

Distribute the proper reference forms to five persons (as specified) who are qualified to judge your potential for ministry, and request that they mail them to the Office of Professional Studies and Distance Learning in the envelopes provided as soon as possible. References should include:

1. A former professor if a current relationship has been maintained or a colleague in ministry
2. A colleague in ministry outside one's church or agency
3. A denominational leader
4. A lay person in one's church or agency
5. A community leader outside one's church

Are there any matters of special concern in your background (doctrinal, personal, legal, moral, health, felony, or other) of which the Doctor of Ministry Committee should be aware? No Yes

If your answer is yes, please explain:

VI. CERTIFICATION

I certify that to the best of my knowledge the information provided on this application form 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 admission, 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 that approval process or, if admission has already occurred, may be considered as sufficient grounds for dismissal and/or for denial or the revoking of an official academic transcript and/or degree. Further, I understand that illegal drug usage, homosexual activity, heterosexual misconduct, cheating, abusive behavior, and/or other actions contrary to biblical moral standards or to 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 the application is made.

Signature

Date

SOUTHEASTERN BAPTIST THEOLOGICAL SEMINARY
DOCTOR OF MINISTRY
P.O. Box 1889
Wake Forest, NC 27588-1889