

# GUIDELINES FOR COMPLETING YOUR APPLICATION

## for the Doctor of Ministry Degree

Revised 9-9-2014

### APPLICATION FOR ADMISSION

Complete the Application for Admission to the D.Min. Degree form (back and front) and submit it with the \$60 application fee. Make checks payable to Memphis Theological Seminary. Applications will be accepted for January seminars until **October 31** of the preceding year, and for July seminars until **March 31** of the year that the seminar begins.

### REFLECTION PAPER

Include with your application a five to eight page, typewritten, double-spaced reflection paper that includes a brief biography, a statement of your theology of ministry and an assessment of your practice of ministry

### BOARD APPROVAL

Secure approval of your employing or supervising board indicating support for the degree and willingness to be the field setting for study. A form (salmon colored) is provided for this purpose.

### RECOMMENDATIONS

Complete sections I and II of the three Recommendation Forms. Request three persons who are not members of your family or constituency to provide recommendations. To expedite returning the completed recommendations, you may want to provide each person with a stamped envelope addressed to D.Min. Admissions.

### ASSESSMENTS

Complete sections I and II of the six Forms for Assessment by Constituents and request six representative parishioners to provide assessments. You might ask one constituent to collect all of the forms and return them to D.Min. Admissions.

### TRANSCRIPTS

Request official transcripts **IMMEDIATELY** from each undergraduate and graduate institution that you have attended. Official transcripts must be requested by you and sent directly from the other registrar to M.T.S. D.Min. Admissions. If you were a M.T.S. graduate, please check appropriate box located in the educational information area of application to release transcripts.

### WRITTEN TEST

Once all the application materials have been received, you will be contacted to schedule an on-campus written test as a measure of your analytical skills and writing ability.

### INTERVIEW

After completing the written test, an interview will be scheduled at which you will meet with two or more members of the D.Min. Admissions Committee. Following this interview, the D.Min. Committee will meet to consider your application. You will be notified by letter of the outcome of this meeting.

### CAVEAT

Keep in mind the very selective nature of the D.Min. Degree at M.T.S. A maximum of **15** applicants per track can be approved for admission to the Doctor of Ministry degree. Applications are processed in the order received. You should submit your application as early as possible.

### QUESTIONS

If you have questions concerning the D.Min. program or the application process, contact the Director of Admissions.

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#### Mail all admission material to:

**D.Min. Admissions**  
Memphis Theological Seminary  
168 East Parkway South  
Memphis, TN 38104-4395

Phone (901) 334-5804  
Fax: (901) 452-4051  
[www.memphisseminary.edu](http://www.memphisseminary.edu)

**APPLICATION FOR ADMISSION**  
**Doctor of Ministry Degree Program      Memphis Theological Seminary**

Phone (901) 458-8232      Fax (901) 452-4051      www.memphisseminary.edu

Return this completed form with \$60 nonrefundable application fee to:  
**D.Min. Admissions**  
**168 East Parkway South**  
**Memphis TN 38104**

Date of Application \_\_\_\_\_

For Office Use only:

Application \_\_\_\_\_ Fee \_\_\_\_\_ Undergrad transcript \_\_\_\_\_ Grad transcript/GPA \_\_\_\_\_

Reflection Paper \_\_\_\_\_ Gov. Body Approval \_\_\_\_\_ Rec.s (3) \_\_\_\_\_ Assess (6) \_\_\_\_\_

Interview \_\_\_\_\_ Test \_\_\_\_\_ Admitted \_\_\_\_\_ Syllabus sent \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Denomination (be specific) \_\_\_\_\_

Ministry Type and Setting \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CHAIRPERSON OR SECRETARY OF EMPLOYING AGENCY**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**How do you plan to finance tuition and expenses of the D.Min. program at MTS?**

\_\_\_\_\_  
\_\_\_\_\_

ANSWER ALL QUESTIONS IN THIS BOX. This information is used for government reporting and statistical analysis.

Are you a veteran? \_\_\_ Yes \_\_\_ No

**Are you** (check one):

\_\_\_ a US citizen      \_\_\_ a resident alien

Gender \_\_\_\_\_ Marital Status \_\_\_\_\_ Race \_\_\_\_\_

\_\_\_ other (specify) \_\_\_\_\_

**EDUCATIONAL INFORMATION**

INSTITUTION

CITY & STATE

DEGREE

YEAR GRADUATED

Request an official transcript from each undergraduate and graduate institution to be sent immediately to the MTS Admissions Office.

Check here to release M.T.S. transcripts, if any.

**EMPLOYMENT HISTORY**

(indicate current work first)

EMPLOYER

ADDRESS

DATE BEGAN – DATE ENDED

**CONGREGATIONAL (CONSTITUENCY) ASSESSMENT**

Give one copy of the Form for Assessment to each of six constituents and ask them to evaluate your ministry. Please list the names and addresses of the persons who have agreed to make the assessments.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| _____    | _____    |
| 2. _____ | 5. _____ |
| _____    | _____    |
| 3. _____ | 6. _____ |
| _____    | _____    |

**RECOMMENDATION**

Give one copy of the Form for Recommendation to three persons who are not members of your family or constituency to provide recommendations.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| _____    | _____    |
| 3. _____ |          |
| _____    |          |



# FORM FOR RECOMMENDATION

## I. REQUEST

\_\_\_\_\_ has applied for admission to the Doctor of Ministry degree at Memphis Theological Seminary. We would appreciate a careful and candid assessment of the applicant. Please note whether the applicant has or has not waived the right to access to this document.

## II. WAIVER (to be completed by applicant)

I, \_\_\_\_\_, (\_\_\_\_\_) waive, (\_\_\_\_\_) do not waive, my right to access to this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## III. EVALUATION

You are asked to evaluate the applicant on the following characteristics considered important to achieve a higher level of competence through a doctoral degree. Rate the applicant by circling the appropriate number, with five the highest rating and one the lowest. If you have insufficient knowledge of the person for a rating on a given item, circle IK.

Moral integrity	5	4	3	2	1	IK
Leadership in ministry	5	4	3	2	1	IK
Cooperative attitude	5	4	3	2	1	IK
Spiritual maturity	5	4	3	2	1	IK
Academic ability	5	4	3	2	1	IK
Creativity & vision	5	4	3	2	1	IK
An inquiring mind	5	4	3	2	1	IK
Acceptance of criticism	5	4	3	2	1	IK
Acceptance of other genders & ethnics	5	4	3	2	1	IK
Not easily threatened	5	4	3	2	1	IK
Self-confidence	5	4	3	2	1	IK
Ability to handle stress	5	4	3	2	1	IK
Potential for doctoral study	5	4	3	2	1	IK
Works well with diverse persons & groups	5	4	3	2	1	IK

---

#### IV. COMMENTS

A. Comment on the applicant's leadership in the life of the church and service to God in the community and the world.

B. How would you characterize the emotional maturity and stability of the applicant?

C. Comment on any problems, limitations, or handicaps which might adversely affect the applicant's performance with peers and faculty as a participant in the D.Min. degree.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please print or type below)

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Your occupation \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Your source of knowledge and relationship to the applicant. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to:

D.Min Admissions  
Memphis Theological Seminary  
168 East Parkway South  
Memphis, TN 38104-4395  
Phone: (901) 458-8232

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(over)

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Your source of knowledge and relationship to the applicant. \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please print or type below)

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Your occupation \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Your source of knowledge and relationship to the applicant. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# FORM FOR ASSESSMENT BY CONSTITUENT

## I. REQUEST

\_\_\_\_\_ has applied for admission to the Doctor of Ministry degree at Memphis Theological Seminary, and has given your name for an assessment of his/her ministry. We would appreciate a careful and candid assessment of the applicant's ministry. Please note whether the applicant has or has not waived the right to access to this document.

## II. WAIVER (to be completed by applicant)

I, \_\_\_\_\_, ( ) waive, ( ) do not waive, my right to access to this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## III. EVALUATION

Please evaluate the applicant on the following characteristics that are important in achieving a higher level of pastoral competence through a doctoral degree. Rate the applicant by circling the appropriate number, with 5 the highest rating and e1 the lowest. If you have insufficient knowledge to rate the person on a given item, circle IK.

Maturity of faith	5	4	3	2	1	IK
Knowledge of Bible and commentaries	5	4	3	2	1	IK
Analysis of current events	5	4	3	2	1	IK
Relates the Bible to life & world events	5	4	3	2	1	IK
Accepts & acts on constructive criticism	5	4	3	2	1	IK
Ability to evaluate results of ministry	5	4	3	2	1	IK
Works well in committees & small groups	5	4	3	2	1	IK
Gives moral guidance lovingly	5	4	3	2	1	IK
States & lives a vision of Christian hope	5	4	3	2	1	IK
Ministers with pluralistic socio-economic concerns	5	4	3	2	1	IK
Self-confidence in ability to minister	5	4	3	2	1	IK
Ability to handle stress	5	4	3	2	1	IK
Critiques others with love	5	4	3	2	1	IK
Leads in social ministries (poor, etc.)	5	4	3	2	1	IK

---

## IV. COMMENTS

A. On the applicant's spirituality:

B. On the applicant's ministry:

C. On the applicant's leadership of a congregation or other community of faith:

D. On the applicant's knowledge of Bible, of theology, of faith, and of ministry:

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please print or type below)

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Your occupation \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacities? \_\_\_\_\_

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## IV. COMMENTS

A. On the applicant's spirituality:

B. On the applicant's ministry:

C. On the applicant's leadership of a congregation or other community of faith:

D. On the applicant's knowledge of Bible, of theology, of faith, and of ministry:

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please print or type below)

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Your occupation \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacities? \_\_\_\_\_

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B. On the applicant's ministry:

C. On the applicant's leadership of a congregation or other community of faith:

D. On the applicant's knowledge of Bible, of theology, of faith, and of ministry:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please print or type below)

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Your occupation \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacities? \_\_\_\_\_

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## IV. COMMENTS

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B. On the applicant's ministry:

C. On the applicant's leadership of a congregation or other community of faith:

D. On the applicant's knowledge of Bible, of theology, of faith, and of ministry:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please print or type below)

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Your occupation \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacities? \_\_\_\_\_

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Gives moral guidance lovingly	5	4	3	2	1	IK
States & lives a vision of Christian hope	5	4	3	2	1	IK
Ministers with pluralistic socio-economic concerns	5	4	3	2	1	IK
Self-confidence in ability to minister	5	4	3	2	1	IK
Ability to handle stress	5	4	3	2	1	IK
Critiques others with love	5	4	3	2	1	IK
Leads in social ministries (poor, etc.)	5	4	3	2	1	IK

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## IV. COMMENTS

A. On the applicant's spirituality:

B. On the applicant's ministry:

C. On the applicant's leadership of a congregation or other community of faith:

D. On the applicant's knowledge of Bible, of theology, of faith, and of ministry:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please print or type below)

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Your occupation \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacities? \_\_\_\_\_

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**Return to:**

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