

**NEW ORLEANS BAPTIST
THEOLOGICAL SEMINARY**

Office of Research Doctoral Programs
3939 Gentilly Blvd.
New Orleans, LA 70126
1-800-NOBTS-01, ext. 8010



**APPLICATION FOR
ADMISSION**

Doctor of Philosophy

PRINT using black or blue ink. Application must be completed in full (including all supplementary items) or it will not be accepted.

1. **FULL LEGAL NAME** Last (family name) _____ First _____ Middle _____
2. **NOBTS-ID # (if NOBTS current student or graduate)** _____ **Gender:** M F
3. **NAME(S) ON PREVIOUS RECORDS, IF DIFFERENT FROM ABOVE** _____
4. **CURRENT MAILING ADDRESS**
Street _____
City _____ State _____ Zip _____
Nation _____
This address applicable until (date) _____
- PERMANENT ADDRESS (if different than current address)**
Street _____
City _____ State _____ Zip _____
Nation _____
5. **CURRENT PHONE NUMBERS**
Home () _____
Work () _____
Fax () _____
E-mail: _____
- PERMANENT PHONE NUMBERS (if different)**
Home () _____
Work () _____
Fax () _____
6. **Name, address, and phone number of someone who would know how to contact you (other than spouse):**

7. **BIRTH DATE** Month _____ Day _____ Year _____ Current Age _____
8. **BIRTHPLACE** City _____ State _____ Nation _____
9. **IN WHAT AREA WOULD YOU LIKE TO MAJOR?**
____ Christian Apologetics ____ Christian Education ____ Christian Leadership (PM)
____ Biblical Interpretation ____ New Testament ____ Christian Leadership (DML)
____ Biblical Exposition ____ Evangelism ____ Old Testament
____ Theology ____ Counselor Education and Supervision
10. **BEGINNING SEMESTER AND YEAR FOR WHICH YOU ARE APPLYING:** ____ Fall ____ Spring ____ Year
ARE YOU APPLYING FOR PRERESIDENCY (leveling courses needed after master's)? ____ Yes ____ No
11. **ETHNIC SURVEY (OPTIONAL)** This information will be used for reporting purposes only, not for admission.
____ Anglo-American ____ African-American ____ Hispanic-American
____ Native American ____ Asian-American ____ Other _____

12. CITIZENSHIP: Please indicate the status that best reflects your citizenship.

- United States citizen by birth
- Naturalized United States citizen
- Non-resident alien (student visa)
- Resident alien

(NOTE: IF YOU ARE NOT A CITIZEN OF THE U.S., PLEASE SEE INSTRUCTIONS IN THE ADMISSIONS AND ACADEMIC POLICIES SECTION OF THE NOBTS GRADUATE CATALOG.)

13. IS ENGLISH YOUR NATIVE LANGUAGE? Yes No. If no, what is your native language? _____

Students whose native language is not English are required to take the Test of English as a Foreign Language (TOEFL), Test of Written English (TWE), and SPEAK (Speaking Proficiency English Assessment Kit exam) or TSE (Test of Spoken English).

Please indicate the tests you have taken: TOEFL TWE SPEAK TSE

Have you requested that a copy of the scores be sent to NOBTS? Yes No

When will you take any remaining tests? _____ TOEFL _____ TWE _____ SPEAK or _____ TSE

All score results must be sent directly to NOBTS, Associate Dean of Research Doctoral Programs.

14. MARITAL STATUS Married Single Widowed Separated

Ever Divorced? Yes No. If yes, when? _____

15. NAME OF SPOUSE _____ **DATE OF BIRTH** _____ **AGE** _____

16. NAME(S) OF CHILD/CHILDREN _____ **BIRTH DATE** _____ **AGE** _____ **GENDER (M/F)** _____

OTHER DEPENDENTS (NAME) _____ **RELATIONSHIP** _____

17. ARE YOU A LICENSED MINISTER? Yes No **ARE YOU ORDAINED?** Yes No

If no, skip to item 18. If yes, date of ordination _____

Name and address of ordaining church (or other body) _____

18. PRESENT PLACE OF CHURCH MEMBERSHIP _____

Address of Church _____

Name of Pastor _____ Denomination _____

Name of Baptist Association _____

19. I WAS PREVIOUSLY A MEMBER OF A CHURCH OF ANOTHER DENOMINATION Yes No

If yes, denomination _____ When? _____

20. CURRENT EMPLOYER _____

Job Title _____ Full-time Part-time

21. ACADEMIC BACKGROUND: Please list all postsecondary education completed or in progress. It is your responsibility to request official transcripts from every college and seminary, even if transfer credit is recorded on another transcript.

COLLEGE/UNIVERSITY	LOCATION	DATES ATTENDED	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SEMINARY	LOCATION	DATES ATTENDED	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cumulative grade point average on all previous graduate work _____

22. MODERN LANGUAGE OR STATISTICS

Language taken _____ College/university _____ Hours _____
 Hours of statistics _____ College/university _____

23. GRADUATE EXAMINATIONS

All score results must be received by the Associate Dean of Research Doctoral Programs no later than the application deadline before the application will be processed.

All applicants: Have you taken the Graduate Record Exam (GRE), including the Writing Assessment Component?

____ Yes ____ No When? _____ If yes, scores? _____

If yes, have you requested that a copy of the scores be sent to NOBTS? ____ Yes ____ No

If no, please indicate the date on which you will take the test. _____

24. HAVE YOU EVER BEEN DENIED ADMISSION TO ANY SEMINARY OR GRADUATE SCHOOL? ____ No ____ Yes

If yes, please give details _____

25. HAVE YOU EVER BEEN DISMISSED FROM ANY SEMINARY OR GRADUATE SCHOOL? ____ No ____ Yes

If yes, please give details _____

26. HAVE YOU REQUESTED A BACKGROUND CHECK FROM CASTLEBRANCH? ____ No ____ Yes

If yes, please give date requested. _____

27. PRACTICAL EXPERIENCE

Beginning with the most recent, list the last three paid church-related positions you have held.

POSITION	CHURCH/AGENCY	CITY/STATE	FROM/TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Beginning with the most recent, list your experiences in business or secular employment.

POSITION	FIRM	CITY/STATE	FROM/TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

28. MILITARY SERVICE

Have you ever served in the U.S. military? Yes No

Date of service _____ to _____ Type of Discharge _____

29. REFERENCES: Please list below only those persons you are using for references. These four persons should complete the four Personal Evaluation forms. Fill out the forms, sign the authorization, and distribute them to each of the persons listed. If evaluations are returned directly to you, submit them *unopened* with your application materials to the *Office of Research Doctoral Programs*.

NAME	ADDRESS	PHONE
1. Pastor of church where you are a member or Director of Missions if you are a pastor	_____	_____
2. Personal reference who has known you for at least two years (not a relative)	_____	_____
3. Academic Reference (professor who has taught you)	_____	_____
4. Academic or Professional Reference (If applying for fellowship program, must be academic reference.)	_____	_____

30. FINANCIAL STANDING

I have read the current *Catalog* with regard to the fees charged at NOBTS Yes No

My credit accounts are in good standing Yes No

I am currently under litigation regarding my financial situation Yes No If yes, explain on a separate sheet of paper.

There are existing conditions which could cause unusual financial expenditures, such as continuing family illness, treatments, dental conditions, disability, medication, etc. Yes No If yes, explain on a separate sheet of paper.

31. STATE BRIEFLY YOUR MEANS OF SUPPORT WHILE ATTENDING NOBTS _____

32. MORAL CONDUCT

* I do not possess or use beverage alcohol or illegal drugs. True False

* I am not engaged in sexual activity outside of a monogamous heterosexual marriage. True False

* I am not currently involved in a civil, criminal, or quasi-criminal infraction of state or federal law. True False

If you answer "False" to any of these statements, please explain on a separate sheet of paper.

POLICY STATEMENT/AUTHORIZATION AND RELEASE

THIS STATEMENT MUST BE SIGNED AND DATED BEFORE YOUR APPLICATION WILL BE PROCESSED.

To the best of my knowledge and belief, all of the statements and answers in this Application for Admission are true, complete, and correctly stated. I further understand that any misstatement or omission of material fact in my statements and answers in this Application for Admission shall be cause for my dismissal from New Orleans Baptist Theological Seminary.

I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, physician, surgeon, hospital, psychiatrist, psychologist, counselor, institution, or other third party having opinions about me or knowledge or control of any information, documents, records or other data pertaining to me (including but not limited to information and evidence regarding my medical history, and mental and physical condition, past, present, and future), to reveal, furnish, and release to New Orleans Baptist Theological Seminary (NOBTS), or any of its agents or representatives, any such opinions, knowledge, information, documents, records, or other data.

The purpose of this Authorization and Release is so that NOBTS may make an evaluation of the information in conducting its investigation as to my qualifications, moral character, and fitness in connection with my Application for Admission to NOBTS.

I hereby release, discharge and hold harmless NOBTS, its agents or representatives, and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, physician, surgeon, hospital, psychiatrist, psychologist, counselor, institution, or other third party and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such opinions, knowledge, documents, records, or other data.

I understand that in order for my application to New Orleans Baptist Theological Seminary to be given fair consideration, I may not examine the contents of material gathered. I also understand that this Policy Statement/Authorization and Release applies to the application period, while I am a student, and after my student relationship is terminated.

SIGNATURE _____ **DATE** _____

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