

# DOCTOR OF MINISTRY APPLICATION INSTRUCTIONS

We are excited and pleased that you have decided to apply to our Doctor of Ministry Program. Please complete the following steps. If you have any questions feel free to contact us; we would be happy to assist you.

1. Please complete the application form, being careful to answer all questions.
2. Please give careful thought to the preparation of your Admission Statement. The purpose of the statement is to help us know you as a Christian leader, and to review the habits and abilities demonstrated in your ministry since your graduation from seminary. We trust that this self-evaluation will be helpful to you as well. Please answer these questions, which are detailed in the application, on separate sheets of paper. We would also like you to enclose two or three samples of your written work (e.g., a newsletter article, teaching materials, a sermon manuscript, a position paper, etc.) so that we can get to know you better.
3. List the names of four references (pastoral peer, member of a committee, member of your elder board, etc.) who have known you two (2) years or more. Do not list relatives. Ask them to:
  - a. *Complete the form*
  - b. *Seal it in an envelope*
  - c. *Sign across the flap of the envelope and*
  - d. *Return it to you or mail to Western Seminary*
4. Write to each of the post-secondary educational institutions you have attended and request an official transcript be sent to Western Seminary. If you are an alumnus of Western Seminary, transcripts are not necessary.
5. Mail or hand-deliver the application form, application statements, and application fee to Western Seminary. Include any reference forms or transcripts that have come back to you. Questions about the processing of your application should be directed to the Doctor of Ministry department.

**The Doctor of Ministry Department:**  
**Sara Pirolo 503.517.1868 or toll-free 877.517.1800 x1868**  
**Dr. John E. Johnson 503.517.1865 or toll-free 877.517.1800 x1865**

**Western Seminary**  
**5511 S.E. Hawthorne Blvd.**  
**Portland, OR 97215**  
**877.517.1800**



**DOCTORAL ADMISSION STATEMENT**

Please give careful thought to the preparation of your admission statement. The purpose of the statement is to help us know you as a Christian leader, and to review the habits and abilities demonstrated in your ministry. We trust that this self-evaluation will be helpful to you as well. **Please answer these questions on separate sheets of paper.** Please enclose two or three samples of your written work, both popular and academic (e.g., a newsletter article, teaching materials, a sermon manuscript, a position paper, etc.).

1. Give a brief account of your conversion and call to ministry.
2. State your personal and vocational life goals.
3. Describe your current ministry (e.g., emphasis, responsibilities, community served, etc.).
4. Indicate your reasons for entering a doctoral program.
5. List the six most influential books (by author and title) that you have read in the past two years and the journals and magazines you read on a regular basis.
6. In your ministry, what reference or research tools do you find most valuable?
7. Identify three major challenges facing the Church and/or ministry leaders today. What have you read pertaining to these areas?
8. Discuss the strengths, weaknesses, and areas of expertise in your ministry. Explain how you expect your doctoral program to relate to these. Describe your ministry effectiveness and growth over the years of your experience.
9. Please read the teaching position of the Seminary and indicate any areas of disagreement. You may find it in our current catalog, or on our web site.

**REFERENCES**

Please list the names of four references that have known you a minimum of two years, (pastoral peer, member of committee, member of elder board, etc.) Do not list relatives. Mail the attached Doctoral Recommendation Forms to these individuals to be returned to Western Seminary's admissions office.

Name	Address	City	State	Zip	Phone
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

**SEMINARY/STUDENT AGREEMENT**

**Among the conditions of admission are the following:**

1. Applicant materials will not be returned or transferred to another institution.
2. Western Seminary admits qualified applicants regardless of sex, race, color, national origin, or disability who are personally committed to faith in Jesus Christ.
3. Applicants are selected for admission on the basis of spiritual, education, personal, and financial qualifications.
4. Enrolling at Western Seminary indicates that the student confirms his or her basic harmony with the doctrinal position of the Seminary and agrees to comply with all of its regulations affecting students.

*I certify that, to the best of my knowledge, all statements I have made on this application are complete and true. I understand that failure to submit official transcripts from all colleges, universities, and seminaries attended may result in the denial of this application or my subsequent dismissal from Western Seminary.*

DATE	PRINT FULL NAME	SIGNATURE
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Ethnic Identity (optional) – Please indicate your ethnic identity by circling one of the following.  
(Note: In compliance with federal reporting requirements, Western Seminary must seek to identify the ethnic background of applicants for admission. You are encouraged to supply this information, but may decline without in any way prejudicing your application.

- Non-resident alien or international student
- Black or African American
- White or European American
- Native American or Alaska Native
- Hispanic American
- Decline Response
- Asian American or Pacific Islander
- Other \_\_\_\_\_

An application fee of \$50 must accompany this form. Please mail it to:

**Western Seminary**  
**Attn: Admissions**  
**5511 SE Hawthorne Blvd.**  
**Portland, OR 97215-3367**



WESTERN SEMINARY

Portland Admissions  
5511 SE Hawthorne Blvd.  
Portland Oregon 97215  
P: 877.517.1800  
F: 503.517.1801

DOCTORAL PROGRAM  
**EMPLOYER'S SUPPORTIVE ENDORSEMENT**

This form is to be filled out by a representative of the applicants governing board or by the person having a supervisory relationship to the applicant in his/her ministry

**This section to be completed by applicant**

**Applicant's Name** \_\_\_\_\_

Check appropriate program: D.Min. \_\_\_\_\_ D.Miss. \_\_\_\_\_

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives the right to inspect and review the educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

A. I waive my rights to examine this form

\_\_\_\_\_  
Applicant's signature Date

B. I do not waive my rights to examine this form, but authorize the person completing this form to provide a candid evaluation

\_\_\_\_\_  
Applicant's signature Date

**This section is to be completed by the individual giving the recommendation**

This request for employer endorsement is presented to you in your capacity as representative of the applicant's governing board, or because of your supervisory relationship to him/her in ministry. The endorsement should reflect an understanding of the expectations of the program and formal support for the applicant's desire to participate therein.\*

Any other comments concerning the applicant and his/ her ministerial effectiveness would be most helpful.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Position

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Daytime Phone Number

\*Information regarding this program may be obtained from the applicant's copy of our catalog, or by requesting information from Western Seminary. Please note that for Doctor of Ministry applicants, your endorsement indicates that you will permit the applicant to devote the necessary time (approximately 10 hours/week) to his/her program, and that you will participate with him/her in learning situations which may require congregational involvement.





5. The applicant's ability to set and achieve goals (what do you perceive his/her goals to be?):
  
6. The applicant's commitment to Christ and the work of the gospel as seen in his/her present involvement.
  
7. Do you have any reservations about this person's ability to do graduate work at the doctoral degree level?
  
8. Do you think this program will positively or negatively affect the applicant's marriage or family life?
  
9. Do you know of any occasion where this person has been accused, disciplined, or dismissed for moral/ethical or legal reasons? Please elaborate.

In consideration of the applicant's suitability for seminary study and overall potential for ministry, please check one of the following:

I do not recommend     I recommend w/ reservation     I recommend     I highly recommend

---

Signature

Date

Would you like us to call you for a telephone conversation about this applicant?

Yes             No need

Any other comments?



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DOCTORAL PROGRAM  
**RECOMMENDATION FORM**

This form is to be filled out by a pastor, professor, employer, professional or personal acquaintance. It should not be completed by a member of applicant's immediate family.

**This section to be completed by applicant**

**Applicant's Name** \_\_\_\_\_

Check appropriate program: D.Min. \_\_\_\_\_ D.Miss. \_\_\_\_\_

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Applicant's signature Date

B. I do not waive my rights to examine this form, but authorize the person completing this form to provide a candid evaluation

\_\_\_\_\_  
Applicant's signature Date

**This section is to be completed by the individual giving the recommendation**

\_\_\_\_\_  
Recommender's Name (please print)

\_\_\_\_\_  
Address Daytime phone

\_\_\_\_\_  
Position Western Alumnus (year)

Please comment on each of the following areas:

1. Length and nature of your relationship with the applicant:

2. The applicant's character and demonstrated concern for others:

3. The applicant's emotional and social sensitivity:

4. The applicant's relationship and influence on others:

5. The applicant's ability to set and achieve goals (what do you perceive his/her goals to be?):
  
6. The applicant's commitment to Christ and the work of the gospel as seen in his/her present involvement.
  
7. Do you have any reservations about this person's ability to do graduate work at the doctoral degree level?
  
8. Do you think this program will positively or negatively affect the applicant's marriage or family life?
  
9. Do you know of any occasion where this person has been accused, disciplined, or dismissed for moral/ethical or legal reasons? Please elaborate.

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I do not recommend     I recommend w/ reservation     I recommend     I highly recommend

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Signature

Date

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Yes             No need

Any other comments?



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A. I waive my rights to examine this form

\_\_\_\_\_  
Applicant's signature Date

B. I do not waive my rights to examine this form, but authorize the person completing this form to provide a candid evaluation

\_\_\_\_\_  
Applicant's signature Date

**This section is to be completed by the individual giving the recommendation**

\_\_\_\_\_  
Recommender's Name (please print)

\_\_\_\_\_  
Address Daytime phone

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Position Western Alumnus (year)

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3. The applicant's emotional and social sensitivity:

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I do not recommend     I recommend w/ reservation     I recommend     I highly recommend

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Signature

Date

Would you like us to call you for a telephone conversation about this applicant?

Yes             No need

Any other comments?



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Signature

Date

Would you like us to call you for a telephone conversation about this applicant?

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Any other comments?