



APPLICATION FOR ADMISSION

Doctor of Ministry

Call the Enrollment Services Office with any questions (1-800-334-9922, ext. 5210 or 202-541-5210)

PERSONAL INFORMATION:

I intend to start in November 2008 or November 2009 . (Resident weeks begin in January)

First Name: _____ Middle Initial: _____ Last/Surname: _____

(If an international applicant, name must be EXACTLY as given on your passport)

Street: _____

City: _____ State: _____ Postal Code: _____

Mailing Address current until Month/Day/Year: ____/____/____

Primary Phone (Cell Home Work): _____ Email: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Social Security or Tax Identification Nr (required for US tax purposes only) _____

Check/complete the following for classification:

I am a: Layperson Religious Diocesan Priest/Deacon Clergy of another denomination

Male Female

If Lay, name of parish: _____ Diocese: _____

If Religious, name of order: _____

Order initials: _____ Province (if applicable): _____

If Diocesan Priest/Deacon, name of parish/institution: _____

Diocese: _____

If Clergy of other tradition, name of parish/congregation: _____

If Clergy or Religious, date of ordination or profession: _____

If International applicant, name of country of citizenship: _____

Title VI of the Civil Rights Act of 1964 requires that we ask U.S. citizens and permanent residents for racial data. Your answer would be appreciated, but is not required and will not affect our admission decision.

Asian or Pacific Islander American Indian or Alaskan Native Black, Non-Hispanic

Hispanic White, Non-Hispanic

TECHNOLOGY PROFICIENCY

Frequent user of word processing: Yes No

Frequent user of the internet: Yes No

Have used on-line learning software: Yes No

RECOMMENDATIONS:

For a religious, diocesan priest or deacon, or clergy from another tradition - complete and enclose the Ecclesial Recommendation form

For all applicants, three recommendations are required. Each recommendation is to be completed by someone (e.g. pastor, ministry supervisor, professor) who can assess your desire and ability to pursue studies in theology and ministry. Print below the information for each person:

_____	_____	_____
Name	Title	Phone
_____	_____	_____
Name	Title	Phone
_____	_____	_____
Name	Title	Phone

ACADEMIC BACKGROUND:

Print chronologically (starting with the most recent) and submit official transcripts from every college, university, professional school, or other institution of higher education attended, whether it appears on another institution's transcript.

Name of Institution	State	Dates Attended Mo/Yr	Degree
_____	_____	___/___ - ___/___	_____
_____	_____	___/___ - ___/___	_____
_____	_____	___/___ - ___/___	_____
_____	_____	___/___ - ___/___	_____
_____	_____	___/___ - ___/___	_____
_____	_____	___/___ - ___/___	_____

VOCATIONAL INFORMATION AND ASSESSMENT OF MINISTRY (see related guide sheet for submission of required information)

SIGNATURE:

I hereby certify that the information provided in this application is complete and accurate. I understand that all credentials submitted in support of this application become the property of the Union and will not be returned to me.

Applicant's Signature: _____ Date: _____

APPLICATION FEE:

A \$75 non-refundable application fee is required. Enclose check or money order payable to the Washington Theological Union or pay on-line by credit card (Visa and Mastercard) : www.wtu.edu/payment/paymentform.asp. Cash not acceptable.