

NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY
DIVISION OF CHURCH MUSIC MINISTRIES

Application for Admission
Doctor of Musical Arts in Church Music

*Please complete the application using print lettering (no script) in blue or black ink.
This application must be completed in full (including all supplementary items), or it will not be accepted.*

1. FULL LEGAL NAME Last _____ First _____ Middle _____

2. NOBTS-ID # (if current NOBTS student or graduate) _____ Date _____

3. NAME(S) ON PREVIOUS RECORDS (if different from above) _____

4. CURRENT MAILING ADDRESS _____ PERMANENT ADDRESS (if different from current address) _____

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Nation _____ Nation _____

E-mail _____ E-mail _____

This address is valid until _____ Gender: M F

5. CURRENT PHONE NUMBER(S) _____ PERMANENT PHONE NUMBER(S) _____

Home () _____ Home () _____

Work () _____ Work () _____

Fax () _____ Fax () _____

6. NAME, ADDRESS, AND PHONE NUMBER OF ALTERNATE CONTACT (other than your spouse)

7. BIRTH DATE Month _____ Day _____ Year _____ Age _____

8. BIRTH PLACE City _____ State _____ Nation _____

9. IN WHAT AREA WOULD YOU LIKE TO CONCENTRATE YOUR STUDIES?

Church Music Education Composition Conducting Music history/Hymnology

Orchestral instrument Organ Piano Voice Worship

10. BEGINNING SEMESTER AND YEAR FOR WHICH YOU ARE APPLYING Fall Spring YEAR _____

11. ETHNICITY (This optional information will be used for reporting purposes only and not for admission.)

Anglo-American African-American Hispanic-American Asian-American Native 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 United States, please see the instruction on the *International Student Admission Requirement* sheet.)

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

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

Please indicate the tests you have taken. TOEFL TWE SPEAK TWE

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) TWE _____

(NOTE: All score results must be sent directly to NOBTS, Division of Church Music Ministries.)

14. MARITAL STATUS Single Married Separated Divorced If divorced, when? _____

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

16. NAME(S) OF CHILD(REN) BIRTH DATE AGE GENDER (M/F)

OTHER DEPENDENT(S) RELATIONSHIP

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

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

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

18. PRESENT PLACE OF CHURCH MEMBERSHIP _____

Address _____ City _____ State _____ Zip _____

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

Name _____ Job title _____ Full-time Part-time

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

College/University	Location	Dates attended	Degree
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Seminary	Location	Dates attended	Degree
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Cumulative grade point average on all previous graduate work _____

22. MODERN LANGUAGE

Language	College/university	Hours
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23. GRADUATE RECORD EXAMINATION

Have you taken the Graduate Record Examination (GRE), including the Writing Assessment Component? Yes No

If yes, when? _____ Score _____ 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 GRE. _____

(NOTE: In order for this application to be processed, all score results must be sent directly to NOBTS, Division of Church Music Ministries no later than the application deadline.)

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

If yes, please provide details. _____

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

If yes, please provide details. _____

26. PRACTICAL EXPERIENCE (Beginning with the most recent experience, list your last three paid church-related positions.)

Position	Church/agency	City, State	Dates
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(Beginning with the most recent experience, list your last three paid secular positions.)

Position	Church/agency	City, State	Dates

27. MILITARY SERVICE Have you ever served in the United States Military? Yes No

If yes, dates of service _____ to _____ Type of discharge _____

28. REFERENCES (Please list only those persons who you are using as references. Complete and sign the first page of each evaluation. Give the evaluation form and an envelope to each personal reference listed on the application. Then, the referral will complete the form, place it in the envelope, seal the envelope, and sign the outside flap. **Any envelope not sealed or signed will be rejected.** Referrals may return the form to you or notify you that they have mailed the form directly to the Seminary. Personal Evaluations should be submitted with the application. A note should be attached to the application indicating references who have mailed the form under separate cover.)

Name	Address	Phone number
A. Pastor of church where you are currently a member (or Director of Missions, if you are a pastor)		
B. Personal reference (not a relative) who has known you for at least two years		
C. Academic (or professional) reference		
D. Academic reference		

29. FINANCIAL STANDING

I have read the current *Graduate Catalog* with regard to the fees charged by NOBTS. Yes No

My credit accounts are in good standing. Yes No

I am currently under litigation regarding my financial condition. Yes No (If yes, please explain on a separate sheet.)

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, please explain on a separate sheet.)

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

31. 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 the statements in section 31, please explain on a separate sheet.

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 _____