



**NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY**

**Doctoral Application**

*Doctor of Ministry*

*Doctor of Educational Ministry*



**Perry Sanders Center for Ministry Excellence Office**  
 New Orleans Baptist Theological Seminary  
 3939 Gentilly Blvd., New Orleans, LA 70126  
[www.nobts.edu/prodoc](http://www.nobts.edu/prodoc)

## General Information

The Professional Doctoral Program at New Orleans Baptist Theological Seminary is one of the largest such programs nationally. The program is designed to offer an advanced degree in a practical setting of a ministry context. Most students complete the Doctor of Ministry degree in 3-5 years or the Doctor of Educational Ministry in 4-6 years. The degree application requires an accredited Master of Divinity (D.Min.) or Master of Arts in Christian Education (D.Ed.Min.) or equivalent, high intellectual achievement, excellent ministerial capability and substantial ministry experience.

Doctoral courses are conducted in a variety of delivery formats, largely in two to four day formats and are scheduled annually in trimesters (Winter, Spring, and Fall).

Doctoral courses are also offered in a variety of locations/extensions. New Orleans Baptist Theological Seminary includes eleven extension centers that we broadcast CIV (Compressed Interactive Video). A list of our extension centers include: Atlanta, GA; Beaumont, TX; Birmingham, AL; Graceville, FL; Jacksonville, FL; Little Rock, AR; Monroe, LA; Nashville, TN; Olive Branch, MS; Oklahoma City, OK; Orlando, FL; Pensacola, FL; Shreveport, LA; and Spartanburg, SC. Additional seminars are offered at select special event locations and as directed study.

For detailed information on our programs, our website ([www.nobts.edu/cme](http://www.nobts.edu/cme)) is an excellent source. On the left side of the page is a navigational menu. By clicking on the program you are most interested in, it will provide you with three options: FAQs, a list of our Specializations, and the Application Request. The last option on the menu (Resources) provides a vast array of sources for the prospective student as well as the current student. It includes previous and current schedules and syllabi, both of our Handbooks, sample pages for the papers you will be required to complete during your degree journey, forms and guides for both students and faculty members, etc.

Please do not hesitate to contact any of us in the Perry Sanders Center for Ministry Excellence Office to assist you through this application process. We are looking forward to working with you throughout your pursuit of the degree and this next level of ministry. To inquire information about our Doctoral faculty, please look under “CME Faculty” on our website.

## Application Instructions

Read the instructions and follow them carefully. This application will be submitted to the Professional Doctoral Oversight Committee by the Perry Sanders Center for Ministry Excellence Office when all requirements have been met (*except additional requirements pertaining to selected specializations*). Any application that is not returned properly completed and with all documentation will be rejected.

Use the mailing checklist to prepare your packet and return completed forms to:

New Orleans Baptist Theological Seminary  
1800 Satellite Blvd., Duluth, GA 30097  
Phone: 470-655-0993 Email: kadmin@nobts.edu

Once the completed application packet is received and processed in the Office of Perry Sanders Center for Ministry Excellence, the applicant will be notified and arrangements will be made for a phone interview with the Director of the D.Min. or the D.Ed.Min. program.

The filing of this application does not obligate you in any way, nor does it mean that you will be accepted into the program.

### *Application Deadlines*

April 1 for admission in the Fall Trimester, August 1 for admission in the Winter Trimester, December 1 for admission in the Spring Trimester. These deadlines include the application and all supporting documentation. Any documents arriving after the application deadline will delay your application until the next deadline.

### *Application for Admission*

Be sure to answer every question. Please write your name and social security number at the top of any additional pages of explanation. You must sign the last page under both Ethical Conduct Statement and Policy Statement/Authorization and Release. \*Please note the policy on Personal Evaluation forms below. Only list the 3 references you are using on the application form.

### *Application Fee*

The application fee must accompany your application and should be in the form of a check or money order (*U.S. dollars*) in the amount of \$40.00, made payable to New Orleans Baptist Theological Seminary. Applications submitted without the application fee will not be processed.

### *Transcripts*

Request official transcripts from each post-secondary institution you have attended. A transcript must come from each school even though the work may appear as transfer credit on another document. Submit a written request to the registrar of each school you attended and authorize that an official transcript be sent directly to the address above. Transcripts must be received by the application deadline.

### *Personal Evaluations*

Complete and sign the first part of each evaluation. Give the Evaluation form to each reference listed in your application. The person listed as a reference will then complete the form, and mail, fax, or email it to the Perry Sanders Center for Ministry Excellence Office.

**\*New Policy Adopted by PRODOC Committee in March, 2002**

The references must be filled out by people meeting the following qualifications:

- If you are a pastor, the Director of Missions for your association or other denominational official; staff members should have their pastor make the reference.
- Academic reference: to be filled out by a professor from your Master's work. If you have been out of seminary for a considerable amount of time, a denominational official may be used.
- Personal reference non-family member.

**☐ Church Endorsement**

This form and an envelop should be given to an official in the church where you currently hold membership. The form must be read and acted upon by the church body. Where possible this document should be read in a regular business meeting. For those who are not Southern Baptist, it may be impossible for this procedure to be followed since many denominations do not have a congregational form of government. It is necessary, however, that the form be read and approved by the worshipping congregation. The church official should mail, fax, or email it to the Perry Sanders Center for Ministry Excellence Office.

**☐ Health Certificate / Proof of Immunization**

Read over both forms carefully and complete your portion of each. Deliver both forms, along with an envelope, to your physician. Notify your physician of the deadline for receiving all forms. Results from an examination completed a year or more prior to enrollment will not be accepted.

**☐ Autobiographical Essay (2 copies)**

Write as a separate document an autobiographical essay. Although you may write in first person, use *A Manual for Writers of Term Papers, Theses, and Dissertations (6th ed.)* by Kate Turabian as a general stylistic guide. Include a title page and table of contents. The essay will be read for form, content, and ability of expression, and should include:

- A brief statement of conversion and call (1 page)
- A brief description and evaluation of ministry experience (2-3 pages)
- Discussion of philosophy of ministry (2-4 pages)
- A brief analysis of personality and leadership style (2-3 pages)
- A discussion of 3 influential books (apart from the Bible) read in the past three years (2-3 pages)
- Goals for personal and professional development (1 page)

**☐ Photograph**

Photo does not have to be professional, but should be a clear picture, preferably of just you and not a group of people. We would also prefer that you send a non-glossy photo of yourself.

**☐ Additional Document for Those with Current/Prior Military Service**

- Letter of Eligibility (in case you will be receiving VA benefits), or
- a Statement indicating that you do not/will not receive VA benefits

**☐ Additional Prerequisites**

If you are currently enrolled in a course or courses to meet additional prerequisites for a particular specialization (e.g., *Hebrew/Greek for Expository Preaching*), you must furnish verification in your application packet of the course(s), including course title, credit hours, and date to be completed. NOTE: All prerequisites must be completed by June for Fall admission, October for Winter admission, or February for Spring admission. A transcript with the grade(s) must be sent to the Office of Perry Sanders Center for Ministry Excellence upon completion of the course(s).



**New Orleans Baptist Theological Seminary**

1800 Satellite Blvd., Duluth, GA 30097

Phone: 470-655-0993

Email: kadmin@nobts.edu

**Application for Admission**

*(Check One)*

Doctor of Ministry  
(D.Min.)

Doctor of Educational Ministry  
(D.Ed.Min.)

Professional Graduate  
Certificate Program

**Trimester for which you are applying**

Winter *(November - February)*

Spring *(March - June)*

Fall *(July - October)*

Year \_\_\_\_\_ Specialization Area \_\_\_\_\_  
Listing available on page 11

Full Legal Name \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_

Present Address \_\_\_\_\_  
Street address, Apt. Number/PO Box

\_\_\_\_\_  
City State (2 letter abbreviation) Zip Code Country

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Birth Date (month/day/year) \_\_\_\_\_ Current age \_\_\_\_\_

## Family Information

Marital Status:  Married  Single  Engaged  Widow/er  Divorced  Remarried

Spouse/Fiancé(e) Name \_\_\_\_\_  
Maiden Name, if applicable First Name Date of Birth

Spouse/Fiancé(e) Contact # \_\_\_\_\_

Has spouse ever been divorced? \_\_\_\_\_ When? \_\_\_\_\_

Number of children in household \_\_\_\_\_

Full Name of Child/Children	Birth date (mo/day/yr)	Age	Gender	Living with you? (y/n)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Contact Person in the event of an emergency (Other than spouse) \_\_\_\_\_  
Name

Phone

Relationship

## Additional Information

Check the box that best describes you:

***Racial Heritage***

- White, Non-Hispanic  Native American  Asian/Pacific Islander  
 Hispanic  Black, Non-Hispanic

***Citizenship***

- United States citizen by birth  B-1/B-2 (Visitor)  
 Naturalized United States citizen  Other Visa  
 F-1 (Student Visa)  H-1 Visa  
 Permanent resident  R-1 (Religious Work)

Home state or country of citizenship \_\_\_\_\_

***Military Service***

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

If yes, what was the length of service time? \_\_\_\_\_

Type of discharge \_\_\_\_\_

Will you be receiving VA benefits?  Yes  No (In either case, see page 4 for instruction)

## Academic Background

Please list all post-secondary education. It is your responsibility to request official transcripts from every college and seminary (*even if transfer credit is recorded on another transcript*) and have them mailed directly to the Office of Perry Sanders Center for Ministry Excellence.

College/University	Location (City/State)	Dates Attended	Degree
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Seminary	Location (City/State)	Dates Attended	Degree
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Have you ever been denied admission to or been dismissed from any Seminary or Graduate School?  Yes  No

If yes, please give details

## Religious Information

Name of church where you are **currently** a member \_\_\_\_\_

Street/address/city/state \_\_\_\_\_

Month/year of membership \_\_\_\_\_

Name of pastor \_\_\_\_\_

Denomination:

- Southern Baptist
- Other Baptist, Which? \_\_\_\_\_
- Non-Baptist, Which? \_\_\_\_\_

Please check the following that apply to you.

- Licensed to ministry     Ordained minister     Neither

## Financial Statement

1. Are your credit accounts in good standing?  Yes  No

2. Are you currently under litigation regarding your financial situation?  Yes  No

If yes, explain: \_\_\_\_\_

3. Briefly state your plans for financing your educational training.

\_\_\_\_\_

\_\_\_\_\_

*I have read the current catalog with regard to the fees charged for enrolling at NOBTS.*  Yes  No

## Practical Experience

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

Position	Church	City/State	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Beginning with the most recent, list positions of employment you have held.*

Position	Firm	City/State	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## References

Please list below only those persons you are using for references. Fill out the forms (*signed by both applicant and reference*) and distribute them to each of the persons listed. Evaluations should be mailed, faxed, or emailed to the Perry Sanders Center for Ministry Excellence Office.

1. Pastor of church where you are a member or Director of Missions if you are a pastor

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Name	Address	Phone	Email Address
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2. Personal reference who has known you for at least two years (*not a relative*)

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Name	Address	Phone	Email Address
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3. Academic Reference (*seminary professor or other graduate level supervisor*)

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Name	Address	Phone	Email Address
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## Ethical Conduct Statement

Admission shall not give a student a contract right which supersedes the seminary's right to select its students or to suspend or dismiss those students whose conduct, behavior, or academic performance does not meet the seminary's high expectations for students of Christian ministries. New Orleans Baptist Theological Seminary (NOBTS) shall be the sole arbiter of any question of a student's compliance with the seminary's standards and any decision concerning discipline shall be submitted to the student as a condition of the student's continuation at NOBTS. Violation of these standards shall include, but is not limited to:

- A. Academic misconduct including, but not limited to, plagiarism or cheating or conduct deemed by the seminary as being conduct not becoming a Southern Baptist minister;
- B. Use or possession of beverage alcohol or illegal drugs;
- C. Sexual activity outside of a monogamous heterosexual marriage;
- D. Giving false statements to the seminary orally or in writing including, but not limited to, one's application for admission, registration, or altering records;
- E. Financial irresponsibility;
- F. Fighting; abusive or vulgar language;
- G. Theft or vandalism;
- H. Violation of seminary academic regulations and policies.

The ethical conduct policies apply to students and members of their households who live or visit on the campus or other seminary property. In addition to academic requirements, the standards of ethical conduct outlined and referenced in the current Graduate Catalog, the current Professional Doctoral Handbook and the current Student Handbook, are applicable.

I affirm that I have read, understand, and will be in compliance with these standards as long as I am registered for any class at NOBTS. I also understand that any violation of the standards may result in disciplinary action as set forth or referenced in the current Student Handbook.

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

*This statement must be signed and dated BEFORE your application can be processed.*

## Policy Statement/Authorization and Release

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 (NOBTS).

I authorize and request every person, firm, company, corporation, school, employer (*past and 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 NOBTS, or any of its agents or representatives, any such data mentioned above.

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 at NOBTS.

I hereby release, discharge and hold harmless NOBTS, its agents or representatives, and any person, firm, company, corporation, school, employer (*past and 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 NOBTS 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** \_\_\_\_\_

*This statement must be signed and dated BEFORE your application can be processed.*

## D.Min. & D.Ed.Min. Specialization Options

**Instructions:** Use this sheet to select your preference for a specialization in the respective Professional Doctoral program should you be approved for admission. Indicate your choice in the space provided on the front of the application form.

*Note: Certain specializations may require additional master's-level work depending upon the student's academic background and/or experience.*

### Option #1—On-going Specializations:

Choose one of the divisional or inter-divisional emphases on this page which currently are being offered and write it in the space provided on the application form.

#### Doctor of Ministry (D.MIN.) Specializations:

Apologetics	Denominational Leadership	Pastoral Work
Christian Education	Evangelistic Church Growth	Singles Ministry
Christian Theological Heritage	Expository Preaching*	Spiritual Formation
Church Health	Korean	Worship Studies
Church Planting	Leadership and Administration	Youth Ministry
Collegiate Ministry	Pastoral Counseling	

#### Doctor of Educational Ministry (D.ED.MIN.) Specializations:

Administration & Servant Leadership	Discipleship & Small Groups
Age Group Ministries	Family Ministry
Church Growth and Church Health	Missions
Church Planting	Pastoral Counseling
Community Ministries & Missions	Pastoral Ministries
Denominational Leadership	Worship Studies

\*Additional Requirements for Expository Preaching Specialization:

Greek (4 hrs.) & Hebrew (4 hrs.) Or 6 hrs. of either Greek or Hebrew.

Please consult the ProDoc website for more current information on Specializations. [www.nobts.edu/cme](http://www.nobts.edu/cme).

### Option #2—User-Driven Specialization:

If you do not see an on-going specialization on the list which fits your current ministry setting or your area of interest, you may request a particular emphasis by describing it in a word or short phrase in the space provided on the application form. While user-driven specializations cannot be guaranteed, every effort will be made to accommodate the request.

### Option #3—Non-Specialization:

You may prefer a more flexible program. You may choose not to designate a specialization. In such cases, the student's specialization seminars may be taken from any division. If you choose non-specialization, please write "non-specialization" in the space provided on the application form.



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Phone: 470-655-0993 Email: [kadmin@nobts.edu](mailto:kadmin@nobts.edu)

## Church Endorsement

We, the \_\_\_\_\_ Church of \_\_\_\_\_  
(Name of Church) (City) (State)

in conference assembled, do hereby approve the purpose of \_\_\_\_\_,  
(Name of Applicant)

who is a member of this church, to pursue doctoral studies at New Orleans Baptist Theological Seminary. We recommend him/her to you as being a person of genuine Christian character, piety, industry, and consecration and worthy to receive any assistance or cooperation the Seminary may give during the pursuit of the course. By order of the church in conference, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Moderator or Other Church Official)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature of Clerk)

\_\_\_\_\_  
(Address)

### **To Moderator or other church official:**

Please send this form to the New Orleans Baptist Theological Seminary, 1800 Satellite Blvd., Duluth, GA 30097, Phone: 470-655-0993, Email: [kadmin@nobts.edu](mailto:kadmin@nobts.edu).

If you have any questions you can contact our office at 470-655-0993.



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1800 Satellite Blvd., Duluth, GA 30097  
Phone: 470-655-0993 Email: kadmin@nobts.edu

## Church Leader Reference

*Applicant:* Please print in ink or type information in this section and forward the form to the individual making the recommendation.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Degree program you plan to pursue at NOBTS \_\_\_\_\_

I hereby waive my rights to have access to this evaluation form, when completed and understand that this confidential recommendation is to be used only in consideration of my application to NOBTS. I also give permission to the individual named in this document as a reference, to release his or her personal information and opinions of me to NOBTS.

I hereby release, discharge, and hold harmless NOBTS, its agents or representatives, and the individual named in this document as a reference from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such personal information and opinions.

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

*To the Recommender:* Thank you for taking the time to give your honest evaluation of this applicant. This will help our Admissions Council understand the applicant's potential for ministry. Please note if you feel you cannot adequately answer the questions just sign the form and return to the address at the top of the form. You may speak with the NOBTS by calling the number at the top of the form. *When completed please mail directly to the address above.*

Name of recommender \_\_\_\_\_

Position or title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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

## Evaluation

1. How long have you know the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. What are the applicant's great strengths? \_\_\_\_\_
3. What are the applicant's weaknesses? \_\_\_\_\_
4. How well do you think the applicant has thought through his/her plans for ministry training?  
 Very thoroughly, examined all options    Not sure: should think through his/her plans more    Other

Explain \_\_\_\_\_

5. Does the applicant evidence a "divine call" to ministry?    Yes    No

If yes, what area of ministry do you believe he/she has been called? \_\_\_\_\_

6. Please evaluate the applicant on the following by checking the appropriate category.

*S-Superior      A-Average      NI-Needs Improvement      NO-Not Observed*

QUALIFICATIONS	S	A	NI	NO
Christian character				
Denominational soundness				
Leadership ability				
Interpersonal skills				
Sense of responsibility				
Financial responsibility				
Intellectual ability				

QUALIFICATIONS	S	A	NI	NO
Oral expression				
Written expression				
Personal appearance/neatness				
Self confidence				
Ability to accomplish tasks				
Ability to work well with others				

7. Does the applicant or spouse/fiancé(e) use tobacco, alcohol, or any drug?    Yes    No   If yes, please explain.

8. Has the applicant or spouse/fiancé(e) ever been arrested for any reason?    Yes    No   If yes, please explain.

9. Does the applicant have any habits that might hinder them from an effective ministry?    Yes    No   If yes, please explain.

10. Has the applicant, in the past or at present, exhibited any sexual behavior that would be unbecoming of a minister?  
 Yes    No   If yes, please explain.

11. Has the applicant ever been divorced?    Yes    No

12. Has the applicant's spouse/fiancé(e) ever been divorced?    Yes    No

13. Are you aware of any problems, in the past or present of the applicant or spouse/fiancé(e) that could affect his or her training for ministry?    Yes    No   If yes, please explain.

***Do you conscientiously recommend this applicant for ministry training at NOBTS?***

*Highly Recommend*    *Recommend with reservation*    *Recommend*    *Cannot Recommend*

\_\_\_\_\_  
*(Office use only)*  
 NOBTS ID \_\_\_\_\_



Mail to: **New Orleans Baptist Theological Seminary**  
1800 Satellite Blvd., Duluth, GA 30097  
Phone: 470-655-0993 Email: kadmin@nobts.edu

## Personal Reference

*Applicant:* Please print in ink or type information in this section and forward the form to the individual making the recommendation.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Degree program you plan to pursue at NOBTS \_\_\_\_\_

I hereby waive my rights to have access to this evaluation form, when completed and understand that this confidential recommendation is to be used only in consideration of my application to NOBTS. I also give permission to the individual named in this document as a reference, to release his or her personal information and opinions of me to NOBTS.

I hereby release, discharge, and hold harmless NOBTS, its agents or representatives, and the individual named in this document as a reference from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such personal information and opinions.

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

*To the Recommender:* Thank you for taking the time to give your honest evaluation of this applicant. This will help our Admissions Council understand the applicant's potential for ministry. Please note if you feel you cannot adequately answer the questions just sign the form and return to the address at the top of the form. You may speak with the NOBTS by calling the number at the top of the form.  
*When completed please mail directly to the address above.*

Name of recommender \_\_\_\_\_

Position or title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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



## Evaluation

1. How long have you know the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. What are the applicant's great strengths? \_\_\_\_\_
3. What are the applicant's weaknesses? \_\_\_\_\_
4. How well do you think the applicant has thought through his/her plans for ministry training?  
 Very thoroughly, examined all options    Not sure: should think through his/her plans more    Other

Explain \_\_\_\_\_

5. Does the applicant evidence a "divine call" to ministry?    Yes    No

If yes, what area of ministry do you believe he/she has been called? \_\_\_\_\_

6. Please evaluate the applicant on the following by checking the appropriate category.  
*S-Superior      A-Average      NI-Needs Improvement      NO-Not Observed*

<i>QUALIFICATIONS</i>	<i>S</i>	<i>A</i>	<i>NI</i>	<i>NO</i>
Christian character				
Denominational soundness				
Leadership ability				
Interpersonal skills				
Sense of responsibility				
Financial responsibility				
Intellectual ability				

<i>QUALIFICATIONS</i>	<i>S</i>	<i>A</i>	<i>NI</i>	<i>NO</i>
Oral expression				
Written expression				
Personal appearance/neatness				
Self confidence				
Ability to accomplish tasks				
Ability to work well with others				

7. Does the applicant or spouse/fiancé(e) use tobacco, alcohol, or any drug?    Yes    No   If yes, please explain.

8. Has the applicant or spouse/fiancé(e) ever been arrested for any reason?    Yes    No   If yes, please explain.

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 Yes    No   If yes, please explain.

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12. Has the applicant's spouse/fiancé(e) ever been divorced?    Yes    No

13. Are you aware of any problems, in the past or present of the applicant or spouse/fiancé(e) that could affect his or her training for ministry?    Yes    No   If yes, please explain.

*Do you conscientiously recommend this applicant for ministry training at NOBTS?*

- Highly Recommend*    *Recommend with reservation*    *Recommend*    *Cannot Recommend*

(Office use only)  
 NOBTS ID \_\_\_\_\_



Mail to: **New Orleans Baptist Theological Seminary**

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## Academic Reference

*Applicant:* Please print in ink or type information in this section and forward the form to the individual making the recommendation.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Degree program you plan to pursue at NOBTS \_\_\_\_\_

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I hereby release, discharge, and hold harmless NOBTS, its agents or representatives, and the individual named in this document as a reference from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such personal information and opinions.

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

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*When completed please mail directly to the address above.*

Name of recommender \_\_\_\_\_

Position or title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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

## Evaluation

1. How long have you know the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. What are the applicant's great strengths? \_\_\_\_\_
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Explain \_\_\_\_\_

5. Does the applicant evidence a "divine call" to ministry?    Yes    No

If yes, what area of ministry do you believe he/she has been called? \_\_\_\_\_

6. Please evaluate the applicant on the following by checking the appropriate category.  
*S-Superior      A-Average      NI-Needs Improvement      NO-Not Observed*

<i>QUALIFICATIONS</i>	<i>S</i>	<i>A</i>	<i>NI</i>	<i>NO</i>
Christian character				
Denominational soundness				
Leadership ability				
Interpersonal skills				
Sense of responsibility				
Financial responsibility				
Intellectual ability				

<i>QUALIFICATIONS</i>	<i>S</i>	<i>A</i>	<i>NI</i>	<i>NO</i>
Oral expression				
Written expression				
Personal appearance/neatness				
Self confidence				
Ability to accomplish tasks				
Ability to work well with others				

7. Does the applicant or spouse/fiancé(e) use tobacco, alcohol, or any drug?    Yes    No   If yes, please explain.

8. Has the applicant or spouse/fiancé(e) ever been arrested for any reason?    Yes    No   If yes, please explain.

9. Does the applicant have any habits that might hinder them from an effective ministry?    Yes    No   If yes, please explain.

10. Has the applicant, in the past or at present, exhibited any sexual behavior that would be unbecoming of a minister?  
 Yes    No   If yes, please explain.

11. Has the applicant ever been divorced?    Yes    No

12. Has the applicant's spouse/fiancé(e) ever been divorced?    Yes    No

13. Are you aware of any problems, in the past or present of the applicant or spouse/fiancé(e) that could affect his or her training for ministry?    Yes    No   If yes, please explain.

*Do you conscientiously recommend this applicant for ministry training at NOBTS?*

- Highly Recommend*    *Recommend with reservation*    *Recommend*    *Cannot Recommend*

(Office use only)  
 NOBTS ID \_\_\_\_\_



Mail to: **New Orleans Baptist Theological Seminary**

1800 Satellite Blvd., Duluth, GA 30097

Phone: 470-655-0993 Email: [kadmin@nobts.edu](mailto:kadmin@nobts.edu)

## Health Certificate

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Current Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date Examined by Physician \_\_\_\_\_  
Month Day Year Month Day Year

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*I hereby authorize Dr. \_\_\_\_\_ to release the information contained in this medical form which is required for admission to New Orleans Baptist Theological Seminary.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Month Day Year

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_  
Month Day Year

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### **NOTE TO THE EXAMINING PHYSICIAN**

The purpose of this form is threefold: (1) NOBTS responsibilities are very strenuous. In addition to carrying a heavy load of studies, a student often has to work to support himself or herself. To be sure that the student is physically and emotionally competent to carry such a load, we need a medical evaluation of the applicant. (2) At NOBTS, we offer a limited health service (resident campus physicians who conduct regular clinics and a resident nurse who arranges for treatment of emergency cases). Important points (if any) in the applicant's medical history will be helpful in this connection. (3) To comply with the immunization laws of the state of Louisiana, proof of immunization is required by all applicants.

1. Please indicate the nature of the applicant's relationship with you as a physician:

Regular patient     Occasional patient     First visit

2. Significant points (if any) in the applicant's family history:

3. Significant points (if any) in the applicant's past medical history:

4. Remarkable points in the applicant's personal and social habits—alcohol, stimulant or sedative drugs, or any other abnormal physical findings:

5. Psychiatric history or prevailing conditions, if any:

6. In your professional opinion, what factors in the patient's medical or psychiatric status might interfere with his or her carrying a full load of studies, and with working to support himself or herself if necessary while at the Seminary?

7. Is the applicant at this time postponing any necessary medical and surgical treatment?

8. Other remarks:

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Name of Physician(typed) \_\_\_\_\_

Address of Physician (typed) \_\_\_\_\_

Signature of examining Physician \_\_\_\_\_

**To the examining physician:** Please send this form to Please send this form to New Orleans Baptist Theological Seminary, 1800 Satellite Blvd., Duluth, GA 30097, Phone: 470-655-0993, Email: kadmin@nobts.edu.