

**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  
\_\_\_\_ Biblical Interpretation      \_\_\_\_ New Testament      \_\_\_\_ Old Testament  
\_\_\_\_ Biblical Exposition      \_\_\_\_ Evangelism  
\_\_\_\_ 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)** \_\_\_\_\_

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**OTHER DEPENDENTS (NAME)** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

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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** \_\_\_\_\_