

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

APPLICATION INSTRUCTIONS

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. 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. In addition to the Admission Statement, you must submit an Experience Statement (form provided), which details your previous academic, ministry and professional experiences.
4. List the names of four references (pastoral peer, member of a committee, member of your elder board, etc.) who have known you two years or more. Do not list relatives. Please ask them to complete the reference form, seal it in an envelope and sign across the flap of the envelope before returning it to you or mailing it to our Enrollment Office.
5. Ask your employer to complete and submit the Employer's Supportive Endorsement (form provided).
6. Write to each of the post-secondary educational institutions where you have earned 7 or more credits and request an official transcript be sent to Western Seminary. If you are an alumnus of Western Seminary, transcripts may not be necessary.
7. Mail or hand-deliver the application form, Admission Statement, Experience Statement, and application fee to Western Seminary. Include the Employer's Supportive Endorsement, any reference forms, or official, sealed transcripts that have been returned to you.
8. If you have any questions about the status of your application, please feel free to contact Christina Sale at csale@westernseminary.edu or (503) 517-1803. If you have questions about the Doctor of Missiology program, feel free to contact Lisa Achilles in the Doctor of Missiology department at lachilles@westernseminary.edu or (503) 517-1904.

WESTERN SEMINARY ENROLLMENT OFFICE

Christina Sale, Enrollment Associate
5511 SE Hawthorne Blvd
Portland, OR 97215-3367
(877) 517-1800 or (503) 517-1800
(503) 517-1801 fax

How did you first become aware of Western's doctoral programs? _____

2. EDUCATIONAL INFORMATION

Indicate your educational goal at Western Seminary:

- Graduation
 Other (specify) _____

Prior education: For *all* colleges, universities, or graduate schools attended beyond high school, please indicate:

Names of institutions	Dates attended	Degrees or diplomas (if earned)	Check if less than 7 hours
_____	From _____ To _____	_____	<input type="checkbox"/>
_____	From _____ To _____	_____	<input type="checkbox"/>
_____	From _____ To _____	_____	<input type="checkbox"/>
_____	From _____ To _____	_____	<input type="checkbox"/>

*Please request that an official transcript be sent by each school directly to the Western Seminary campus for which you are applying.
You do not need to send a transcript from a school where you completed less than 7 credit hours.

Have you ever taken a class at Western Seminary? _____ If so, when? _____

3. FINANCIAL INFORMATION

Federal financial aid is not available to doctoral students. Please contact Lisa Achilles in our office at (503) 517-1904 or visit the financial aid page on website for information regarding scholarships and other discount offerings.

4. REFERENCES *(please sign and distribute the reference forms)*

Reference name	Address	City	State	Zip	Country	Phone
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

5. PERSONAL INFORMATION

A "yes" answer to any of the following questions does not automatically disqualify a person from admission.

- Have you ever been accused, disciplined, or dismissed for moral/ethical or legal reasons? Yes No
- Have you been convicted of a felony? Yes No
- Have you sought the assistance of a pastoral or professional counselor? Yes No
- Do you currently have, or have you had in the past five years, any alcohol, drug, gambling, pornography, or sexual issues that, if known, might compromise your ability to minister in Christian leadership? Yes No

If you answered "yes" to any of the above questions, please include an explanation in your Admission Statement.

6. 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 pages. 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 your areas of strength, weakness and 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 posted on our website.

7. SEMINARY/STUDENT AGREEMENT

Among the conditions of admission are the following:

1. Applicant materials will not be returned or transferred to another institution.
2. Applicants are selected for admission on the basis of spiritual, educational, personal, and financial qualifications.
3. Within the context of its theological convictions and mission, Western Seminary admits qualified applicants who are personally committed to faith in Jesus Christ regardless of race, national origin or ethnic status, gender, age, marital status, or disability.
4. Enrolling at Western Seminary indicates 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. (Please see the WEA Statement of Faith in the Admission section of the catalog.)

I certify that I have provided complete and accurate statements on this application. To the best of my knowledge, all official documents are authentic, unaltered records that pertain to me. I understand that all documents submitted with this application become the property of Western Seminary and cannot be returned, copied, or transferred to a third party. I understand that falsification of any statement or document may result in denial or cancellation of admission or disciplinary action.

Signature _____ Date _____

Your signature certifies the accuracy and completeness of the information provided. The application must be signed for processing.

Application must be accompanied by a \$50 (US) nonrefundable fee paid by: VISA Master Card Discover Card Check

Name (exactly as it appears on card) _____ Credit card number _____

Signature of card holder _____ Exp. date _____

CHECKLIST

- Complete the application, sign the certification statement, and make a copy for your records.
- Complete the Admission Statement and Experience Statement and make a copy for your records.
- Mail the application, Admission Statement, Experience Statement, work samples, and \$50 application fee to the address below.
- Request that official transcripts be sent to Western Seminary from each college, university, or graduate school where you have earned 7 or more credits.
- Request that four individuals complete references and distribute forms (forms provided).
- Request that your employer complete the Employer's Supportive Endorsement (form provided).
- If English is not your first or native language, complete the TOEFL and forward the scores to the Enrollment Office.
- Submit the supplemental "Incoming Student Information" prior to registration for your first course.

INCOMING STUDENT INFORMATION

The following information will be helpful for us to better serve you, but it will not be used by the Admissions Committee in determining your admission. Please submit this information after you have been admitted by the Seminary and before you register for courses.

- Western Seminary is committed to helping you achieve your educational goals while at seminary. If you have a learning or physical disability and request reasonable accommodation—such as classroom access, reading assistance, instructional resources—please contact the Student Services Office at 503.517.1800 or 877.517.1800. You may also send an email to admiss@westernseminary.edu with any questions or concerns. Resources may need to be ordered or secured in advance of enrollment.
- Do you or your spouse anticipate participating in one or more of the Women's Center for Ministry programs?
If so, we'll provide you with information.
 - Partners in Ministry Certificate program
 - Women of Western program

Please mail to:

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Portland, OR 97215-3367
503.517.1800 or 877.517.1800



WESTERN SEMINARY

**DOCTORAL PROGRAM
EXPERIENCE STATEMENT**

DIRECTIONS FOR APPLICANT

Please note experience in each area, with approximate beginning and end dates. Feel free to use the space on this form or attach a resume which covers the appropriate information.

1. Experience while in college and/or seminary:

2. Ministry experience following the completion of seminary or graduate school:

3. Other professional experience:



WESTERN SEMINARY

RECOMMENDATION FORM

This form is to be filled out by a professor, employer, professional or personal acquaintance. It should not be filled out by a member of your family.

Applicant Name: _____ Program: _____

Under the Family Education Right and Privacy Act of 1974 (Buckley Amendment), which gives the right to inspect and review their 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 _____

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 _____

Once you have completed this recommendation form, please place it in a sealed envelope. Sign your name across the flap of the envelope. You may then return it to the applicant, or send it directly to our office at this address:

WESTERN SEMINARY

ATTN: Enrollment Office
5511 SE Hawthorne Blvd.
Portland, OR 97215-3367
503.517.1800 or 877.517.1800
FAX: 503.517.1801

Recommender's name (please print) _____ E-mail _____

Address _____ Daytime phone _____

Organization/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 stability and social sensitivity.

4. The applicant's relationship and attitudes towards peers, supervisors, and subordinates (same gender and cross-gender).

5. The applicant's ability to set and achieve goals. What do you perceive to be his or her goals?

MORE >

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 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 with reservation I recommend I highly recommend

Signature (required)

Date

Would you like us to call you for a telephone conversation about this applicant? Yes No need

Any other comments?

Please return this form to the appropriate campus.



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[MORE >](#)

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Signature (required)

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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WESTERN SEMINARY

EMPLOYER'S SUPPORTIVE ENDORSEMENT

This form is to be filled out by a representative of the applicant's governing board or by the person supervising the applicant in his or her ministry.

Applicant Name: _____ Program: _____

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Applicant's Signature _____

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FAX: 503.517.1801

During the admission process, we ask our doctoral applicants to speak with their supervisors and/or advisory boards to both explain the program requirements and request their endorsement to participate as needed with learning situations which may require congregational involvement. Most doctoral students will need to allocate about 10 hours each week toward their studies in order to successfully complete the program requirements.

If you are not familiar with our Doctor of Ministry program, we invite you to review our Academic Catalog, posted on our website at http://westernseminary.edu/Admissions/WS_catalog_2010_2011.htm. If we may answer additional questions or provide further information, please feel free to contact the Enrollment Office.

Please use the space below to comment on the applicant and his or her ministerial effectiveness. Your signature below denotes your endorsement of the applicant's enrollment in the Doctor of Ministry program.

Printed Name Signed Date

Address City/State/Zip

Organization/Position Daytime Phone Number