Dear Doctoral Candidate,

Thank you for your interest in our Doctor of Ministry Program. We are excited that God is giving us the opportunity to be a part of training and equipping ministers who will be instrumental in furthering the Kingdom of God!

Please take a moment and look over this application packet. We are working hard to make information available, however there may be questions regarding the process or the enclosures. In this packet, you will find a check list of the items required for admission as well as instructions to complete the process. If you have any questions, please do not hesitate to contact me.

Sincerely,

Justin J. Pitts, MBA
Director of Adult and Graduate Admissions
Office of Adult and Graduate Admissions
Justin.Pitts@ngu.edu
DOCTOR OF MINISTRY ADMISSION PORTFOLIO CHECKLIST

To be considered for admission to the Doctor of Ministry degree program, please submit the following items. Refer to the Admission Requirements for more complete details.

• Application for admission form with photograph
• $50 Application fee (non-refundable)
• 10 page, 3-part essay
• 5 Character Reference Forms
  1. A former professor in master’s level studies
  2. A colleague outside your church or agency
  3. A denominational leader
  4. A lay leader in your church or agency
  5. A community leader outside your church or agency
• Church/Employer Recommendation Form
• Miller Analogies Test (MAT) Score Report
• Interview with the Dean of the Graduate School of Christian Ministry
• Official Transcripts

Please contact the Graduate Enrollment office (phone, fax or email info below) with any questions about the admission application requirements.

May God bless your efforts!

Phone: (864) 663-7507
Fax: (864) 877-1653
E-mail: justin.pitts@ngu.edu
ADMISSIONS REQUIREMENT FOR THE DOCTOR OF MINISTRY PROGRAM

Students may seek admission to the Doctor of Ministry Program at anytime during the academic year. The on-campus intensive seminars will normally be taught in March and October. Application must be approved prior to the beginning of a seminar in order to participate in that course.

ADMISSION CRITERIA

Graduates of accredited colleges and universities, who have also earned a Master of Divinity degree or its equivalent from an institution accredited by a regional accrediting agency or the Association of Theological Schools (ATS), and have otherwise demonstrated aptitude for academic work on the doctoral level, may apply for admission to the program of studies leading to the Doctor of Ministry degree. A minimum cumulative master’s level grade point average of 3.0 on a 4.0 scale is required for consideration for this program. Applicants with a lower grade point average may be admitted on academic probation if they successfully complete all other requirements including any additional required standardized testing and assignments as determined by the Dean.

The Doctor of Ministry Program is most effective when the students bring to it a period of experience in ministry that follows the attainment of the first professional degree. In most cases applicants must have three years of fulltime post-Master of Divinity ministry experience prior to beginning the Doctor of Ministry Program and must be continuously engaged in some type of Christian ministry during enrollment.

The program of study required for the Doctor of Ministry degree will be no fewer than three academic years and no greater than six. Entering students must understand the high level of commitment that is expected and required to actively participate in this degree program year round for this period of time. Admission to the Doctor of Ministry Program is determined by an evaluation of the applicant’s academic ability and potential for excellence in ministry.

COST

Year One: Two four-hour seminars, two two-hour applied ministry co-requisite courses (online)
Year Two: Repeat of Year One format, plus a 2 hour research process seminar
Year Three: Written Project, 6 hours

For a detailed cost statement, contact Justin Pitts, Director of Adult and Graduate Admissions at justin.pitts@ngu.edu.
APPLICATION FOR ADMISSION

Please complete this application and return it to the above address. Print legibly or type. Answer all questions as completely as possible. An application fee of $50.00 should accompany this application.

1. Personal Information

Name __________________________________________________________________________________________________________________

Title: Mr. Mrs. Miss Ms. Rev. Dr. Preferred Name ______________________________________________________________________________

Social Security Number ____________________________________________________________________________________________________

2. Address Information - Current Mailing Address

Address___________________________________________________________________________________Apt. #_________________________

City_________________________________________________________________________ State_____________ Zip ______________________

Phone (_____)_______________Cell (_____) _________________Fax (_____) _________________E-mail________________________________

Occupation_________________________________________ Name of Employer _____________________________________________________

Employer’s Address_______________________________________________________________________________________________________

City ________________________________________________________________________ State_____________ Zip_______________________

Phone (________) __________________ Fax (_______) _______________________E-mail ______________________________________________

3. Racial Information (This question is optional. Information is used for demographic purposes only.):

Are you Hispanic/Latino?  Yes  _____   No ______

Check all that Apply:

Regardless of your answer to the previous question, please mark one or more of the terms you use to describe yourself:

White          Black or African-American          Asian

Black or African-American          Native American/Alaskan          Native Hawaiian or Pacific Islander

Other

4. Gender: Male ____  Female ____

5. Marital Status: Single, Never Married ____  Married _____  Legally Separated ____  Divorced ____  Widowed ____

6. United States Citizen? Yes ____ No _____

If Non-U.S.Citizen: Country of Citizenship

(If you are currently in the U.S., send a copy of your visa with your application.)

Resident Alien? Yes ____ No _____

(If resident alien, send a copy of your Resident Alien card with your application.)

7. Veteran: Yes _____ No _____

8. Date of Birth:  Month _________________  Day _____________  Year _________________

9. Application for: Year _________________  Academic Term (Circle one): [ Spring 1 ]  [ Spring 2 ]  [ Fall 1 ]  [ Fall 2 ]  [ Summer 1 ]

10. Transfer from another school? Yes _____ No _____
11. **College/University Information:** Please list, in order, the school(s) from which you received your undergraduate degree(s) and any graduate degrees or credits:

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<th>School</th>
<th>City/State</th>
<th>Degree/Academic Program</th>
<th>Dates Attended/Graduated</th>
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12. **Employment/Ministry Information** Please list, in order, the positions (paid or unpaid) which you have held in the past three years:

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<th>Name of Business/Ministry</th>
<th>Job Title</th>
<th>City, State</th>
<th>Dates of Service</th>
<th>Supervisor Name/Phone</th>
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13. **Have you ever been refused admission to or dismissed from any college, university, or seminary?**

Yes ____  No ______

If Yes, please explain fully:

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14. **Church Information**

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<th>Minister</th>
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Describe your participation in Christian Service.  ____________________________

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15. **Which of the following most influenced your application to NGU?**

Academic Programs  Faculty/Staff  NGU Student  NGU Alumni  Minister  Family  NGU Web Page  Other _______________

16. I assert that the information provided in this application is correct to the best of my knowledge:

_____________________________  ________________________
(Signature)                  (Date)
BIOGRAPHICAL & MINISTERIAL GOALS ESSAY AND CASE STUDY

Instructions:
This essay should consist of three parts:

(1) A three-to four-page description of the applicant’s salvation experience, call into ministry, experience in Christian discipleship and experience in ministry, both voluntary and professional.

(2) A three-to four-page summary of the applicant’s professional and educational goals and expectations as they relate to the Doctor of Ministry Program.

(3) A two-page response and action plan to one of the following case studies concerning an actual ministry scenario or problem.

This essay will demonstrate the applicant’s quality and style of writing. This essay should be eight to ten pages, double-spaced. It should be submitted in Microsoft Word-format (.doc) or as a PDF. The essay should include a title page.

Please select ONE of the following actual ministry scenarios:

CASE STUDY ONE:
The church you serve is in-grown in its perspective. Maintaining the status quo is the objective of the members. Evangelism and missions appear to be last thing on the members’ agenda. Yet, your heart burns to reach not only the local community, but also the nations of the world. Where do you begin? How do you help the church overcome their maintenance outlook? What steps would you take to assist this church in gaining a heart for evangelism and missions?

CASE STUDY TWO:
Ministry is wearing you out. The meetings are many, and most are disorganized and unhelpful (especially those that others lead). Ministry obligations seem to become more and more routine and without purpose. How do you maintain a good spirit during these times? How do you persevere in ministry when the challenges are overwhelming?
Part I
To the Applicant: Complete Part I of this Reference Form and then give it to a professional colleague for completion. After completing this form, your colleague should mail it directly to the T. Walter Brashier Graduate School of North Greenville University in a pre-addressed envelope provided by you.

Name of Applicant _____________________________________________________________
Address _______________________________________________________________________
City ___________________________________ State __________ Zip___________________

Notice: PUBLIC LAW 93-380, the Family Education Rights and Privacy Act of 1974, grants all students the right to inspect and review all of their official records. This right extends to letters of recommendation, except that a student may waive this right to inspect and review letters of recommendation by signing a waiver.

I waive my right to review this reference form
Signature of Applicant ___________________________ Date_______________________

I do not waive my right to review this reference form
Signature of Applicant ___________________________ Date_______________________

Failure to sign either of the above indicates the applicant has not waived the right to review this reference form.

Part II
To The Employer: The person named above has applied for admission to T. Walter Brashier Graduate School of North Greenville University, giving your name as a reference to evaluate his or her academic potential. Please complete Parts II and III of this form and then mail it directly to the Graduate School Office in the pre-addressed envelope provided by the applicant. The Graduate School appreciates your candid evaluation of this applicant. Thank you for taking the time to assist in the application process.

Please rate the applicant in each of the following areas by circling the appropriate answer:
(1=Unsatisfactory 2=Below average 3=Average 4=Above average 5=Exceptional N=No basis for judgment)

1. Intellect 1 2 3 4 5 N
2. Motivation / Initiative 1 2 3 4 5 N
3. Aptitude for problem solving 1 2 3 4 5 N
4. Leadership Ability 1 2 3 4 5 N
5. Cooperativeness 1 2 3 4 5 N
6. Creativity 1 2 3 4 5 N
7. Maturity 1 2 3 4 5 N
8. Interpersonal / Social Skills 1 2 3 4 5 N
9. Self-esteem 1 2 3 4 5 N
10. Emotional Stability 1 2 3 4 5 N
11. Verbal Communication Skills 1 2 3 4 5 N
12. Written Communication Skills 1 2 3 4 5 N
13. Career Potential 1 2 3 4 5 N
Part III
Please respond briefly to the questions below. Mark your recommendation, then complete the form with your contact information.

1) How long have you known the applicant, how well, and in what capacity?

2) What characteristics do you consider to be the talents and strengths of the applicant?

3) What characteristics do you consider to be the weaknesses of the applicant?

4) If the applicant is not a U.S. citizen or permanent resident, please state how well the applicant speaks and understands English. If the applicant does experience difficulty, please explain.

5) Please provide any additional comments that you believe would be helpful in assessing the applicant’s application.

6) Do you recommend this applicant?
   ___Highly Recommended ___Recommended ___Recommended with Reservation ___Not Recommended

Please explain your reservation:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Print Name and Title________________________________________________________________________
Organization / Institution _____________________________________________________________________
Phone (________) __________________________________________________________________________
Address__________________________________________________________________________________
City __________________________________ State ____________ Zip________________________________

Signature of Reference                    Date
(Please mail completed form to the address shown at the top of page one.)
Admission to the Doctor of Ministry program requires a recommendation from the church of which the applicant is a member, or the applicant’s employer. The recommendation is both an endorsement of the applicant, and a declaration of support for the commitment the applicant is making to pursuit of the degree. It is important that the statement of recommendation below be carefully considered by the respondent. If there is any reason why the respondent would be unwilling or unable to approve the statement, please return this form to NGU marked as such. **The respondent must sign this form and return it directly to NGU.** Please send in the original form. Faxed or photocopied recommendations cannot be accepted. NGU is grateful for the respondent’s prayerful and responsible partnership in this process.

Having evidence that _______________________________________________________________ is a person:

- of genuine Christian commitment and spiritual maturity;
- of moral integrity and emotional stability;
- of faithful attendance and participation in the local church;
- who is able to fill leadership roles in church life;
- and whom this church would consider or recommend for employment in a responsible role in Christian Ministry:

☐ I recommend the applicant for admission to North Greenville University and pledge our continuing interest and support through prayer.

☐ I am unwilling to recommend the applicant for admission.

(Use the back of this form to explain.)

Respondent Contact Information (Please Print)

Name: ____________________________________________________________________________
Address: __________________________________________________________________________
City:_________________________________________ State:________________________
Zip:_____________
Telephone:_________________________________ EMail:__________________________________

Relationship to Applicant: [Home Church] [Employer]

__________________________________________
Respondent’s Signature

__________________________________________
Respondent’s Printed Name
ACADEMIC TRANSCRIPT REQUEST FORM

GRADUATE ADMISSIONS
Applicant: Please provide the information requested below. Send this form with the appropriate fee to the registrar of any colleges or universities you have attended. That person will send your transcript directly to us.

Applicant’s Full Name: _______________________________________________________________________

Last     First      Middle

Social Security #____________________________________________________________________________

Previous Name (if different when you attended): ___________________________________________________

Dates of Enrollment _______________________________________________________________________

Degree(s) Received __________________________________________________________________________

I hereby authorize the release of my academic record and related material to T. Walter Brashier Graduate School of North Greenville University.

Signature________________________________________________________ Date______________________

You may photocopy this form if needed by more than one institution.

Registrar: Please send official transcript to the address above.