INSTRUCTIONS FOR APPLICATION
FOR DOCTORAL PROGRAM

Dear Applicant:

We are pleased to enclose an application form for admission to a graduate program of this Seminary. We use a self-mailing application procedure to facilitate the process. You are requested to complete, gather, and submit the application and supporting documents in one package. At the time you submit your application, either in person or by mail, it should include the following items.

1. The completed application form, front and back (please type or print).
2. A recent color passport size photo.
3. A check, money order or bank draft for $50.00 (United States Dollars) payable to NYTS, to cover the non-refundable application fee.
4. Sealed envelopes containing official transcripts from all colleges, Universities or professional schools you have attended.
5. Sealed envelopes containing letters of recommendation from:
   a) A college professor (if this is not practical, someone to whom you minister);
   b) A colleague or associate;
   c) An ecclesiastical superior or pastor.
6. Required essay questions, which must be typed.
7. Submit proof of immunization for Measles (2 doses); Mumps & Rubella (1 dose each) if born on or after Jan 1, 1957.
8. Submit Student Verification of Health Insurance Coverage form.
10. Submit proof of address (copy of Driver’s license; household bill or other acceptable document)

NYTS maintains a rolling admissions policy. Doctoral program applications may be submitted at any time and will be reviewed as they are received. An interview with each candidate will be held after submission of materials. The Admissions Committee reserves the right to request a second interview if deemed necessary.

This application will give you an opportunity to think systematically about yourself. We want to know you as well as any application allows. It marks the beginning of a dialogue that will, if you are admitted and matriculate, continue during your studies here. We hope this process will be useful to you.

PLEASE DO NOT SUBMIT YOUR APPLICATION UNTIL IT IS COMPLETE!
APPLICATION FOR DOCTORAL DEGREE PROGRAM

PLEASE PRINT OR TYPE

Date of Application: ____/____/____

Doctoral Program track you are applying for:  Year of Entrance: _____________

___Bible Engagement Intensive (DBE)           ___Micah Intensive (DMI)

___Clinical Pastoral Supervision Intensive (DPS) ___Multi-Faith Intensive (DMF)

___English Congregational Ministry Intensive (DPM) ___Pastoral Care Intensive (DBC)

___Hispanic Congregational Ministry Intensive (DPS) ___Pastoral Psychotherapy Intensive (DPP-Blanton Peale)

___Korean Congregational Ministry Residential (DKM) ___Preaching Intensive (DPR)

___Summer Intensive: Korean (DMK)

Social Security #: _____-____-________  Date of Birth: _____/____/____  Gender: Male ___ Female ___

Applicant’s Name (as it should appear on all official records):
_________________________________________________________________________________________

Last Name: _______________  First: ____________  Middle: _______________

Address: ___________________________________________________________

Number & Street: ____________________________  Apt #: ____________  City: _______________  State: ______  Zip: ____________

County (See chart for code number) __________________________

Tel: ______-____-____-____-____-____  Home  ______-____-____-____-____-____  Business  ______-____-____-____-____-____  Cell

E-Mail Address (Required): _________________________________________

Ethnic Classification: _____ (To assist in completing Federal & State Reports; refer to Chart for Code Numbers)

Citizenship Status: U.S. Citizen: _____  Resident: _____  Alien: _____

Country of Birth: __________________________

Marital Status: Single: _____  Married: _____  Divorced: _____  Widowed: _____

Spouse’s Name: ___________________________

Student’s Occupation: _________________________

Business Name: ____________________________

Address: __________________________________________

Number & Street: ____________________________  City: _______________  State: ______  Zip: ____________

ATTACH COLOR PASSPORT SIZE PHOTO
Name of Church You Attend: ________________________________________________________________

Name of Pastor or Ecclesiastical Supervisor: _________________________________________________

Church Address: __________________________________________________________________________
Number & Street: __________________________________________________________________________
City: ___________________________________________________________________________________
State: __________________________________________________________________________________
Zip: ____________________________________________________________________________________

Church Phone Number: ______-________-_________  Pastor’s Phone Number: ______-________-_________

Denominational Affiliation (See Chart for Code Number): ________________________________________

Ecclesiastical Status:  Ordained Clergy: ____ Licensed Clergy: ____ Ordained Laity: ____ Laity: ____ Other: ______

Please give the name and address of a NY area person NOT living with you who will always know where you are:
Name: ___________________________________________ Relationship: _________________________________
Address: __________________________________________________________________________________
Number & Street: __________________________________________________________________________
Apt #: __________________________________________________________________________________
City: ___________________________________________________________________________________
State: __________________________________________________________________________________
Zip: ____________________________________________________________________________________

Telephone: _____-______-_________  E-Mail (Required): ___________________________________________

Previous Academic and Professional Training (beginning with the most recent)

<table>
<thead>
<tr>
<th>Institution and Location</th>
<th>Dates of Attendance:</th>
<th>Degree Received:</th>
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Are your transcripts an adequate portrait of your abilities and motivations?  Yes: ☐  No: ☐

If your answer is “no,” please explain on additional sheet.

If you wish to apply for Financial Aid, you must contact finaid@nyts.edu to request information.

For DEGREE programs only:  It is required that the Test of English as a Foreign Language (TOEFL) be taken by
students for whom English is a second language, unless specifically exempted by the Admissions Committee. A
minimum score of 560 is expected. Information on this test may be obtained from the Educational Testing Service,
Princeton, NJ 08541. Test results should be sent directly to the Seminary by ETS.

“I hereby certify that the information given by me on this application and all supplementary pages is complete and
accurate."

Applicant’s Signature: ___________________________________________ Date: _____________________
ESSAY QUESTIONS TO SUPPLEMENT THE DOCTORAL APPLICATION

Please TYPE answers in English, Korean or Spanish

1. Write a brief essay on your theological understanding, including the following:
   a) The essential principles of our faith;
   b) Changes, if any, in your theological understanding over the past five years; and
   c) The ways in which scriptural study and theological reflection have shaped your understanding of your role in leadership and administration.

2. Write a brief essay about your goals for ministry, including the following:
   a) Your view of ministry in the kind of world in which we live; and
   b) Its’ relationship to crucial social and/or intellectual issues today.

3. Describe your personal interests, taking into account the following:
   a) Fields of knowledge that interest you the most;
   b) Chief interests and activities at the present time, other than those directly related to your profession;
   c) Leisure time activity

4. Write a brief essay about your own journey, including a statement as to why you are specifically interested in the particular program track for which you are applying and goals that would be met by participation in it.

5. There has been increasing concern in the religious community in recent years about the masculine gender language habitually used for God. What is your reaction to this concern? Defend your position with appropriate scriptural, historical and theological resources. In what ways do you or could you deal with the issue of sexist language in your ministry? What books have you read or what experiences have you had that have helped you to understand the drive for the liberation of women?

6. Ministry or religious service in all forms must confront critical issues of inclusion and exclusion. For many, inclusion is a positive goal. On the other hand every religious tradition excludes something in the way of belief and/or practice, and some even hold that they are the exclusive way of truth or salvation. Drawing upon your own religious tradition, your personal experiences and any other appropriate theological resources; describe what you perceive to be the main issue(s) at stake in the discussion concerning inclusion and exclusion.

7. Describe your ministry setting, its’ organizational structure, its’ basic purposes, your role within it, and one critical issue currently facing it.

8. What, in your faith tradition, motivates you most to action? What particular teachings do you find most compelling?
RECOMMENDATION FORM

Name of Applicant (Print) __________________________________________________________
(First) (Last) (Middle)

TO THE APPLICANT:

The Educational Rights and Privacy Act, as amended, allows a candidate for admission to waive his/her rights to access to confidential letters or statements written on his/her behalf if the recommendation is used solely for purposes of admission or financial aid, and if the candidate, upon request, is notified of the names of all persons making such recommendation on her/his behalf. The Seminary does not require that you make such a waiver as a condition for admission or financial aid. Under the legislation, you are free to choose to maintain your right to access to this recommendation or waive that right. Please check and sign one of the following statements:

[ ] I WAIVE my right to examine this recommendation.

[ ] I DO NOT waive my right to examine this recommendation.

TO THE RECOMMENDER:

The person named above, who has applied to this Seminary, has indicated that she/he knows you well enough to request a recommendation. The admissions committee would appreciate a statement from you concerning the applicant’s character, personality, capacity for leadership, effectiveness in ministry, commitment to justice, physical stamina, mental and emotional stability, sense of responsibility, intelligence, common sense, and readiness for graduate level professional education. Please rate the applicant in comparison with others of similar age and position whom you have known.

Please use the back of this form and/or other separate sheet and sign on the bottom of this page. The recommendation is to be mailed to the applicant. **Please seal and sign the back flap of the envelope.** The letter will be submitted unopened by the applicant with his/her application.

In the event that it is not possible to send your recommendation to the applicant, it is permissible to send the sealed recommendation directly to the Seminary, Attention to the Registrar’s Office.

Name (Print) _______________________________________________________________________
Title/Position: _____________________________________________________________________
Organization: ______________________________________________________________________
Address: Number & Street ____________________________________________________________
Apt # City State Zip

Signature: _________________________________________________________________________
Date: __________/________/_________ Month Day Year

475 Riverside Dr. Ste.500 New York, NY 10115 www.nyts.edu Tel: 212.870.1211 Fax: 212.870.1236
STUDENT IMMUNIZATION RECORD FORM

Name ________________________________ Date of Birth: _____/_____/______

Last First Middle

Date of Birth: _____/_____/______

New York State Public Health Law 2165 requires post-secondary students to prove immunization or protection against measles, mumps and rubella. Persons born PRIOR to January 1, 1957 are exempt from this requirement.

NOTE: MMR Vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella.

REQUIRED: Measles (Rubeola) Immunity – Must have ONE of the following:

A. TWO dates of Measles Immunization: (1) ________________ (2) ________________
   Both dates must be given after 1967 and the first immunization after the first birthday and the second on
   or after 15 months of age.

B. Date of Measles Titer ________________ Results __________________

C. Date of physician diagnosed measles disease ___________________________________
   Signature of diagnosing physician ______________________________

REQUIRED: Rubella (German Measles) Immunity – Must have ONE of the following:

A. Date of at least ONE Rubella Immunization: (1) _______________ (2) ________________
   (Must be on or after the first birthday)

B. Date of Rubella Titer __________________ Results __________________________
   Physician diagnosis is not acceptable.

REQUIRED: Mumps Immunity – Must have ONE of following:

A. Date of at least ONE Mumps Immunization: (1) ________________ (2) ________________
   (Must be on or after the first birthday)

B. Date of Mumps Titer __________________ Results __________________________

C. Date of physician diagnosed mumps disease ___________________________________
   Signature of diagnosing physician __________________________________________

Health Practitioner (PRINT name) ________________________________

Health Practitioner (SIGN name) ________________________________

Date: _____/_____/______

Month Day Year

Doctor’s Seal or Stamp

Rev. 11/2011 lrb
STUDENT VERIFICATION REGARDING HEALTH INSURANCE COVERAGE

As part of your enrollment and registration at New York Theological Seminary, we are required by state and federal law to confirm that you have health insurance coverage. Therefore, please complete this form and send it with the application package. Thank you for your prompt cooperation.

Name: ______________________________________________________________________________________

Las

Address: ____________________________________________________________________________________

Number & Street                         Apt. #                          City                              State                      Zip

Tel: _____-_______-_______-_______-_______-_______-_______

Home                                Business                              Cell

E-Mail Address (Required): ______________________________________________________________________

_____ YES, I DO have current health insurance coverage from the following provider:

Name of Provider: _____________________________________________________________________________

Phone #: _________________________

Address: ____________________________________________________________________________________

Number & Street                        City                                   State                 Zip

Period of Coverage: from: _________________ to: _________________

Policy #: ________________________________

_____ NO, I DO NOT have current health insurance coverage. I understand that I am required to have such coverage while enrolled at New York Theological Seminary. Therefore, I have applied for coverage from (please check one), and will notify NYTS as soon as I obtain coverage.

______ New York State Family Health Plan (www.health.state.ny.us)
______ Voluntary International Student Scholar Medical Insurance (www.studentresources.com)
______ Other (please specify below)

Name: ________________________________________________     Phone #: _______________________

Address ________________________________________________________

Number & Street                        City                                   State                 Zip

“I certify that the information I have provided above is accurate, and understand that my enrollment at New York Theological Seminary may be jeopardized by inaccurate or misleading information.”

Student’s Signature: _______________________________________ Date ______________

Rev. 11/2011 lrb
New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Registrar's Office, New York Theological Seminary.

Please read the following statements, check one box and sign below:

☐ I have received the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: ______________

☐ I read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days from my private health care provider.

☐ I read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will NOT obtain immunization against meningococcal meningitis disease.

PRINT Student's Name ____________________________________
Date of Birth _______________________
E-mail address ___________________________ Student ID# __ __________
Mailing address ________________________________
Number & Street Apt # City State Zip
Phone number (______) - _______ - _______
Student Signature ___________________________ Date ________________

Adapted from NYS DOH form 8.4.03
**APPLICATION CODES LIST**

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<th>COUNTY CODE NUMBERS (New York State Residents Only)</th>
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**ETHNIC CODES**

- 00: Unknown/Undeclared
- 01: Non Resident
- 02: Black: (African American, Caribbean American, African-Non-Hispanic)
- 03: Native American (American Indian; Alaska native)
- 04: Asian/Pacific Islander (Korean, Chinese, Indian/Pakistani, Japanese etc.)
- 05: Hispanic/Latino: (Puerto Rican, Central Am, South Am, Caribbean)
- 06: White: (Non Hispanic)
- 0: Two or more races

Revised 11/2011 lrb