

Application for Admission Doctoral Studies

Applications for admission are accepted year round.

Midwestern Baptist Theological Seminary
5001 North Oak Trafficway
Kansas City, MO 64118-4697

Telephone – 816.414.3700
Web Site – www.mbts.edu
Doctoral Studies Office – 1.877.414.3755

FAX – 816.414.3740
Email – docstudies@mbts.edu



Privacy Statement

The information provided in this application will only be used to determine the applicant's suitability as a candidate for admission to Midwestern Baptist Theological Seminary (MBTS). The application profile materials become the property of MBTS and will not be returned to the applicant. Should the applicant be denied acceptance or choose not to attend MBTS, the application profile may be destroyed or maintained for an indefinite period of time. During this time, MBTS is under no obligation or requirement to disclose the statements of the application profile to the applicant, nor will MBTS release or disclose any information to a party legally unrelated to MBTS unless required to do so, and then only if the applicant has been notified.

Application profiles are valid for one year; profiles from incomplete and/or inactive applications will be destroyed at that time. Upon acceptance and attendance as a student, the application profile becomes a part of the student's permanent academic record and, as such, is subject to MBTS's published student records policies and procedures and the Federal Family Educational Rights and Privacy Act (FERPA).

Discrimination Statement

Midwestern Baptist Theological Seminary is owned and operated by the Southern Baptist Convention. Its academic programs and facilities are open to students of all Christian denominations who meet the standard requirements for admission. Southern Baptists automatically qualify for tuition discounts. The Seminary does not discriminate on the basis of race, color, national or ethnic origin, or gender in administration of educational policies, admission policies, scholarship and loan programs, or any other programs and activities, and complies with applicable non-discrimination laws.

An application profile includes the following items:

1. Completed application form. Additional **typed** pages may be attached to answer any section.
2. A \$25.00 non-refundable application fee.
3. Official transcripts from each academic institution attended beyond high school. These must be sent directly from the institution attended to Midwestern's Doctoral Studies Office.
4. Miller Analogies Test (MAT) score (if GPA is less than 3.0). For more information, visit: www.milleranalogies.com
5. Completed health/emotional/social information form.
6. Recommendation forms completed by three persons not related to the applicant.

All items are to be received by the Doctoral Studies Office at least three months prior to the first seminar.

Registration Information

INDICATE THE YEAR AND MONTH YOU PLAN TO ATTEND ORIENTATION

20_____ January April August

INDICATE THE PROGRAM TO WHICH YOU SEEK ADMISSION

- | | |
|--|---|
| <input type="checkbox"/> Doctor of Ministry | <input type="checkbox"/> Doctor of Educational Ministry |
| <input type="checkbox"/> Church Planting | <input type="checkbox"/> Children |
| <input type="checkbox"/> Church Revitalization | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Young Adult |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Middle-Aged Adults |
| <input type="checkbox"/> Expository Preaching | <input type="checkbox"/> Senior Adults |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Undecided/Combination |
| <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Leadership | |
| <input type="checkbox"/> Pastor Care | |

How did you hear about MBTS? _____



Pay close attention to yourself and to your teaching; persevere in these things; for as you do this you will ensure salvation both for yourself and for those who hear you. – 1 Tim 4:16

Personal Information

NAME First	Preferred	Middle	Last
MAILING ADDRESS			MAIDEN NAME OR FORMER NAME
CITY	STATE	ZIP CODE	COUNTRY
HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER	
E-MAIL ADDRESS		FAX NUMBER	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH (City, State)	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female			
PLACE OF EMPLOYMENT			COUNTRY OF CITIZENSHIP
EMERGENCY CONTACT (Other than spouse or parent)			
NAME		RELATIONSHIP	PHONE NUMBER
MARITAL STATUS (Check all that apply)			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married/Previously Divorced			
If there has been a divorce in the background of either you or your spouse, enclose details on a separate sheet.			
<input type="checkbox"/> Licensed	CHURCH NAME AND LOCATION		DATE
<input type="checkbox"/> Ordained <input type="checkbox"/> Deacon <input type="checkbox"/> Minister	CHURCH NAME(S) AND LOCATION(S)		DATE(S)
CURRENT CHURCH MEMBERSHIP		LENGTH OF MEMBERSHIP	
STREET ADDRESS		CITY	STATE ZIP CODE
PASTOR'S NAME		CHURCH DENOMINATION	
		<input type="checkbox"/> SBC <input type="checkbox"/> Other (specify): _____	

Family Information

SPOUSE/FIANCÉE NAME (First, Middle, Last)		MAIDEN NAME (If applicable)
DATE OF BIRTH	DATE OF MARRIAGE / EXPECTED WEDDING DATE	HIGHEST LEVEL OF EDUCATION COMPLETED
CHILDREN: NAME	BIRTHDAY	GENDER
_____	_____	_____
_____	_____	_____
_____	_____	_____

International Application Information

Please complete this box if not a citizen of the United States.

COUNTRY OF BIRTH	NATIVE LANGUAGE	LANGUAGES SPOKEN
If you are now in the United States, what is your immigrant or non-immigrant classification?		
<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	<input type="checkbox"/> J-1
<input type="checkbox"/> J-2	<input type="checkbox"/> R-1	<input type="checkbox"/> Permanent Resident
ALIEN REGISTRATION NUMBER (If known) _____		

For further information regarding the process for international applicants, contact the Student Development office at 816-414-3700 or toll-free at 800-944-6287.

Statistical Information

The questions in this section are asked for statistical purposes and cannot be considered as factors during the admission process.

RACIAL HERITAGE			
<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Resident Alien
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Other _____	
RACE/ETHNICITY (This information is used for government and accreditation reports.) Please answer both questions below – or check here <input type="checkbox"/> if you choose not to respond.			
1. I am Hispanic/Latino: <input type="checkbox"/> Yes; <input type="checkbox"/> No			
2. I wish to be identified with the following ethnic group(s), please check all that apply:			
<input type="checkbox"/> American Indian or Alaska Native			
<input type="checkbox"/> Asian			
<input type="checkbox"/> Black or African American			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> White			

Education Information

Transcripts must be sent from all schools beyond high school (required for Accreditation; attach an additional page if necessary)

Approximate GPA of most recent earned master’s degree (if known):

SEMINARY/GRADUATE SCHOOL – List all attended.		Dates Attended	Major	Degree (or hours)
School Name	City, State			

COLLEGE/UNIVERSITY – List all attended.		Dates Attended	Major	Degree (or hours)
School Name	City, State			

Reference Information

List the names of three persons you have requested to complete a recommendation form. These should be persons not related to you with whom you are currently in contact and have known for at least one year. At least one recommendation should come from a layperson or business person.

NAME	POSITION/RELATION

Letter of Endorsement from Current Ministry Setting

The ministry setting in which the applicant is currently engaged is to provide a brief letter of endorsement. This letter should be written by an appropriate church official (other than the applicant) or committee, approved by the congregation or administrative board, and sent to the following address:

Office of Doctoral Studies
Midwestern Baptist Theological Seminary
5001 N. Oak Trafficway
Kansas City, MO 64118

Employment Information

Please complete the following or attach a current résumé.

MINISTRY WORK – Begin with most recent position.		
Position/Title	Church/Ministry Name and Location	Dates of Service

LAST TEN YEARS OF SECULAR WORK – Begin with most recent position.		
Position/Title	Employer Name and Location	Dates of Employment

Have you ever served in the U.S. military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are you eligible for veterans' educational benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Ministry Essay

You, the applicant, are to submit, on your own paper, a typed essay in which you

- (a) describe your understanding of Christian ministry,
- (b) narrate how you have served to date,
- (c) outline your present goals as a Christian servant, and
- (d) explain how participation in the Doctoral Studies program will help you to reach those goals.

The essay should be at least 8 but no more than 10 double-spaced pages in length, and will be taken as a demonstration of your ability to communicate in a grammatically correct and readable English style.

Financial Information

Please list all long-term financial obligations such as student loans, car loans, mortgages, and credit card debts.

TYPE OF OBLIGATION	TOTAL AMOUNT OWED	MONTHLY PAYMENT
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL AMOUNT OF DEBT:	\$	\$

Signature

To the best of my knowledge and belief, all of the statements and answers in this application are true, complete, and correctly stated. I further understand that any misstatement or omission of material in my statements and answers in this application for admission shall be cause for denial of my acceptance or my subsequent dismissal from Midwestern Baptist Theological Seminary.

In making application to become a student of Midwestern Baptist Theological Seminary, I hereby pledge to conduct myself at all times as a Christian, to abide by all of the regulations of the faculty and administration, to seek in every way to protect the good name of the institution, to preserve and protect the physical properties of the seminary and to cooperate with the various groups of the seminary family in creating and maintaining a spirit of Christian fellowship. I understand that the MBTS doctrinal statement is the Baptist Faith and Message 2000, and acknowledge that document as a reasonable guide for my seminary education.

I accept full responsibility for and intend to pay all of my financial obligations, including my seminary expenses, in full. I also understand that failure to pay or make payment arrangements for my tuition or other related fees each semester may ultimately result in administrative suspension and eventual administrative withdrawal from classes. Tuition payments are billed by semester and will begin in the semester of first seminar.

Signature _____ Date _____

MIDWESTERN BAPTIST THEOLOGICAL SEMINARY HEALTH/EMOTIONAL/SOCIAL INFORMATION FORM

Full name of Applicant _____

The information provided in this form is designed to help us better minister to our current and incoming students. Answering 'yes' to any of these questions will **not** constitute an automatic denial of admission. Our primary purpose for asking these questions is redemptive in nature. The more we know about our student population, the better prepared we can be to minister to them. Please attach this form to your application.

To the best of my knowledge and belief, all of the information in this form is *true, complete, and correctly stated*.

Signature of Applicant _____

DISABILITY (if yes, please describe)

Yes No

Do you require special assistance because of a physical disability?

Yes No

In the last three years, have you used illegal drugs or abused alcohol or prescription drugs?

Yes No

In the last three years, have you been under the care of a psychologist, mental health counselor, or psychiatrist?

Yes No

Do you have any communicable diseases?

Yes No

In the last three years, have you been involved in heterosexual misconduct or homosexual behavior?

Yes No

In the last three years, have you been arrested or convicted of a misdemeanor or felony?

Yes No

If you answered yes to any of the above questions, please explain the circumstances. You may use the back of this form if necessary.

Do you believe you are physically and emotionally qualified to meet the normal demands of religious vocational training?

Yes No

What medical factors, if any, might interfere with your ability to carry a full academic load while at seminary?

If you are married, please rate the health of your marriage (1 = low, 10 = high) _____

SPOUSAL CONSENT FOR DOCTORAL STUDIES

I, _____, am in support of
(spouse's full name)

_____, pursuing doctoral
(applicant's full name)

studies at Midwestern Baptist Theological Seminary. I am aware of the academic and financial requirements of his/her course of study and hereby give my consent for my spouse to enroll in a program of doctoral studies.

Spouse Signature

Date

MIDWESTERN BAPTIST THEOLOGICAL SEMINARY RECOMMENDATION FORM

APPLICANT: Complete this section before giving it to your reference. Submit the form to that person with a stamped envelope addressed to:

Doctoral Studies Office
Midwestern Baptist Theological Seminary
5001 North Oak Trafficway
Kansas City, MO 64118

Applicant's Name _____

Address _____

City, State, Zip _____

Home Telephone _____ Work Telephone _____

Email Address _____

<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive	...all future rights to review the contents of this reference form.
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Applicant's Signature _____

Recommendation

The person named above is applying for admission to Midwestern Baptist Theological Seminary. Please evaluate the applicant, thinking specifically of the applicant's commitment to ministry as evidenced by participation or leadership in the local church. Evaluate the person's intellectual and personal traits, character, integrity, and fitness for ministry. Return the form in the envelope provided by the applicant to Midwestern Seminary.

Recommender's Name _____

Address _____

City, State, Zip _____

Telephone _____ Job Title _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Describe the applicant's involvement in the local church: _____

Recommendation

Please evaluate the applicant.

	Poor	Below Average	Average	Above Average	Out-standing	Not Observed
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to empathize with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for effective ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know anything about the mental or emotional health of the applicant which might hinder effective Christian ministry?

___ Yes ___ No

If yes, please describe: _____

Do you know of any personal habits which might hinder effective Christian ministry?

___ Yes ___ No

If yes, please describe: _____

Do you recommend this person for admission and as a candidate for ministry?

YES <input type="checkbox"/> with enthusiasm <input type="checkbox"/> with confidence <input type="checkbox"/> with reservations <input type="checkbox"/> with reluctance	<input type="checkbox"/> NO
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Comments:

MIDWESTERN BAPTIST THEOLOGICAL SEMINARY RECOMMENDATION FORM

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Doctoral Studies Office
Midwestern Baptist Theological Seminary
5001 North Oak Trafficway
Kansas City, MO 64118

Applicant's Name _____

Address _____

City, State, Zip _____

Home Telephone _____ Work Telephone _____

Email Address _____

<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive	...all future rights to review the contents of this reference form.
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Applicant's Signature _____

Recommendation

The person named above is applying for admission to Midwestern Baptist Theological Seminary. Please evaluate the applicant, thinking specifically of the applicant's commitment to ministry as evidenced by participation or leadership in the local church. Evaluate the person's intellectual and personal traits, character, integrity, and fitness for ministry. Return the form in the envelope provided by the applicant to Midwestern Seminary.

Recommender's Name _____

Address _____

City, State, Zip _____

Telephone _____ Job Title _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Describe the applicant's involvement in the local church: _____

Recommendation

Please evaluate the applicant.

	Poor	Below Average	Average	Above Average	Out-standing	Not Observed
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to empathize with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for effective ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know anything about the mental or emotional health of the applicant which might hinder effective Christian ministry?

___ Yes ___ No

If yes, please describe: _____

Do you know of any personal habits which might hinder effective Christian ministry?

___ Yes ___ No

If yes, please describe: _____

Do you recommend this person for admission and as a candidate for ministry?

YES <input type="checkbox"/> with enthusiasm <input type="checkbox"/> with confidence <input type="checkbox"/> with reservations <input type="checkbox"/> with reluctance	<input type="checkbox"/> NO
--	-----------------------------

Comments: _____

MIDWESTERN BAPTIST THEOLOGICAL SEMINARY RECOMMENDATION FORM

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Midwestern Baptist Theological Seminary
5001 North Oak Trafficway
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Applicant's Name _____

Address _____

City, State, Zip _____

Home Telephone _____ Work Telephone _____

Email Address _____

<input type="checkbox"/> I waive <input type="checkbox"/> I do not waive	...all future rights to review the contents of this reference form.
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Address _____

City, State, Zip _____

Telephone _____ Job Title _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Describe the applicant's involvement in the local church: _____

Please evaluate the applicant.

	Poor	Below Average	Average	Above Average	Out-standing	Not Observed
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know anything about the mental or emotional health of the applicant which might hinder effective Christian ministry?

___ Yes ___ No

If yes, please describe: _____

Do you know of any personal habits which might hinder effective Christian ministry?

___ Yes ___ No

If yes, please describe: _____

Do you recommend this person for admission and as a candidate for ministry?

YES <input type="checkbox"/> with enthusiasm <input type="checkbox"/> with confidence <input type="checkbox"/> with reservations <input type="checkbox"/> with reluctance	<input type="checkbox"/> NO
--	-----------------------------

Comments: _____

What to Submit - Quick Checklist

Please retain this sheet for your personal reference throughout the application process.

- APPLICATION FEE OF \$25
Checks may be made payable to Midwestern Baptist Seminary
- APPLICATION
- TRANSCRIPTS FROM ALL SECONDARY EDUCATION AFTER HIGH SCHOOL
- MAT SCORE, IF REQUIRED

MINISTRY ESSAY

You, the applicant, are to submit, on your own paper, a typed essay in which you

- (a) describe your understanding of Christian ministry,
- (b) narrate how you have served to date,
- (c) outline your present goals as Christian servants, and
- (d) explain how participation in the Doctoral Studies program will help you to reach those goals.

The essay should be at least 8 but no more than 10 double-spaced pages in length, and will be taken as a demonstration of your ability to communicate in a grammatically correct and readable English style

THREE RECOMMENDATIONS

LETTER OF ENDORSEMENT FROM CURRENT MINISTRY SETTING

The ministry setting in which the applicant is currently engaged is to provide a brief letter of endorsement. This letter should be written by an appropriate church official (other than the applicant) or committee, approved by the congregation or administrative board, and sent to the following address:

ALL APPLICATION PARTS SHOULD BE MAILED TO:

Doctoral Studies Office
Midwestern Baptist Seminary
5001 N. Oak Trafficway
Kansas City, MO 64118

Be diligent to present yourself approved to God as a workman who does not need to be ashamed, handling accurately the word of truth. – 2 Tim 2:15