NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY
Doctor of Education

Instructions for Completing the Application for Admission

Checklist

Any application that is returned not properly completed and without all documentation will be rejected.

APPLICATION DEADLINES
March 1 for admission in Fall (August), September 1 for admission in Spring (January), January 1 for admission in Summer (May). These deadlines include the application and all supporting documentation.

APPLICATION FOR ADMISSION
Answer every question

APPLICATION FEE – $35.00
The application fee must accompany the application. Make checks payable to NOBTS.

TRANSCRIPTS
Request official transcripts from each postsecondary institution you have attended. Official transcripts should be sent directly to New Orleans Baptist Theological Seminary, Doctor of Education Program Office, 3939 Gentilly Blvd., New Orleans, LA 70126. If you are a former or current NOBTS student, contact the Doctor of Education Program Office for transcript procedure.

STATEMENT OF CALL AND COMMITMENT
Complete and sign the Statement of Call and Commitment to full completion. Send to the Doctor of Education Program Office by the application deadline.

GRE TEST RESULTS
Request that GRE scores (general and writing assessment component) be sent directly to NOBTS. GRE tests should be taken by January 1/August 1 in order to be received in the Doctor of Education Program Office by the application deadline.

PERSONAL EVALUATIONS
Complete and sign the first part of each evaluation. Give the evaluation form and an envelope to each personal reference listed on your application. The reference then will complete the form, place it in the envelope, seal the envelope, and sign the outside flap. Any envelope not sealed or signed will be rejected. References may return the form to you or notify you that they have mailed the form directly to the Seminary. You should submit evaluation forms with your application, attaching a note to your application indicating references who have mailed the form under separate cover.

CHURCH ENDORSEMENT FORM
This form and an envelope should be given to an official in the church where you currently hold membership. The form must be read and acted upon by the church body. (Non-Southern Baptists should contact the Doctor of Education Program Director for guidance. A church official should seal the envelope and sign the outside flap. The church official may return the form to you or notify you that he or she has chosen to mail the form directly to the Seminary. You should submit the form with your application or attach a note to your application indicating that the church official has mailed the form under separate cover.

HEALTH CERTIFICATE/PROOF OF IMMUNIZATION FORMS
Read both forms carefully and complete your portion of each. Deliver both forms, along with the pre-addressed envelope, to your physician. Notify your physician of the deadline for receiving all forms. The examination must have been within the last year.

STATISTICS PREREQUISITES AND PREVIOUS EDD COURSES
If you are enrolled in courses to meet statistics prerequisites, you must furnish verification of the courses, including course titles, credit hours, and date to be completed. Submit a written plan of completion of prerequisite courses for which you are not currently registered. If you are enrolled in or have completed advanced courses, you may make a written request for transfer of credits by furnishing course descriptions (preferably syllabi), completion dates, and an official transcript of courses completed. The request, including verification, must be submitted on the Transfer of Credit Request Form with your application materials for consideration in the admissions process.

RESEARCH PAPER
The applicant must submit a graded research paper from the graduate program for review by the division. If no paper is available, the applicant should contact the Doctor of Education Program Director for guidance.

ADDITIONAL DOCUMENTS FOR THOSE WITH CURRENT/PRIOR MILITARY SERVICE
The applicant must submit a letter of eligibility if you will be receiving VA benefits.

If not receiving VA benefits, the applicant must submit a statement indicating that you do not/will not receive VA benefits.
STATEMENT OF CALL AND COMMITMENT

Please attach your responses (print or type) to the following:

1. Explain your conversion experience. Include your age, the circumstances, factors that have influenced your spiritual development, etc.

2. Describe your family background.

3. Tell about your call to ministry. To what area of service has God called you? What are your ministry goals?

4. Give your educational goals. What is your reason for pursuing this degree?

5. Describe your commitment to completing the PhD program. How do you plan to balance demands of the program with family, employment, and other responsibilities? What are your priorities? In answering, count the cost in finances, time, and energy involved in attending class sessions as well as studying and completing assignments.

6. State briefly your means of support while attending NOBTS.

SIGNATURE_____________________________ DATE
ADDITIONAL BACKGROUND INFORMATION

Please attach your responses (print or type) to the following:

1. Have you ever been denied admission to any seminary or graduate school? If yes, please give details.

2. Have you ever been dismissed from any seminary or graduate school? If yes, please give details.

3. Are you currently under litigation regarding your financial situation? If yes, please explain.

4. Are there existing conditions which could cause unusual financial expenditures, such as continuing family illness, treatments, dental conditions, disability, medications, etc.? If yes, please explain.

5. Do you possess or use beverage alcohol or illegal drugs? If yes, please explain.

6. Are you engaged in sexual activity outside of a monogamous heterosexual marriage? If yes, please explain.

7. Are you currently involved in a civil, criminal, or quasi-criminal infraction of state or federal law? If yes, please explain.
NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY
Doctor of Education Program Office
3939 Gentilly Blvd.
New Orleans, LA 70126
1-800-NOBTS-01, ext. 8105

PERSONAL EVALUATION
Doctor of Education

THIS PART IS TO BE COMPLETED BY THE APPLICANT
Please use black or blue ink.

NAME
First    Middle   Last (Family)

APPLICATION FOR SCHOOL YEAR  DEGREE  MAJOR

AUTHORIZATION

TO THE APPLICANT: I understand this letter of evaluation is to be received and maintained in confidence by New Orleans Baptist Theological Seminary for admission consideration for graduate status. I hereby expressly waive my right to have access to this evaluation form, when completed, and understand that this confidential recommendation is to be used only in consideration of my application to New Orleans Baptist Theological Seminary. I also give permission to the individual named in this document as a reference to release his or her personal information and opinions of me to New Orleans Baptist Theological Seminary.

I hereby release, discharge, and hold harmless New Orleans Baptist Theological Seminary, its agents or representatives, and the individual named in this document as a reference, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such personal information and opinions.

SIGNATURE OF APPLICANT  DATE

NAME OF RECOMMENDER

Please mail or give this form to your reference.

TO THE RECOMMENDER
Please use black or blue ink.

THE STUDENT NAMED ABOVE is applying for admission to New Orleans Baptist Theological Seminary and has requested that you give an evaluation.

The Ed.D. degree program is designed to prepare students for a vocation in teaching in an academic setting, denominational service, or local church ministry. Admission is based on (1) superior intellectual ability, as demonstrated by grade point average, Graduate Record Examination scores, and references, and (2) a first theological degree from an accredited institution.

We would be grateful if you would give your frank evaluation of the applicant by responding to the questions listed. Mail or deliver this completed form to the applicant in the envelope provided, being sure to seal and sign the flap. The applicant has been instructed not to open the envelope, but to forward it to the Doctor of Education Program Office with the application materials. The advantage of this system is that the student knows when the application is complete. Thank you for your part in this important phase of the applicant’s life. NOTE: If you prefer to mail your recommendation directly to us, please feel free to do so. We ask, however, that you notify the applicant of your action. To avoid delays in processing the application, promptly respond and mail the form to: New Orleans Baptist Theological Seminary, Doctor of Education Program Office, 3939 Gentilly Blvd., New Orleans, LA 70126. If you would like to speak with the Doctor of Education Program Director, you may call 1-800-NOBTS-01, ext 8105.
EVALUATION

1. How long have you known the applicant? _______ In what capacity? ____________________________________________

2. What are the applicant's greatest strengths? ________________________________________________________________

3. What are the applicant's greatest weaknesses? ________________________________________________________________

4. How well do you think the applicant has thought through his/her plans for continuing education?
   ☐ Very thoroughly, examined all options ☐ Not sure: should think through his/her plans more ☐ Other
   Explain____________________________________________________________________________________________________________________________________________________

5. Does the applicant evidence a "divine call" to ministry? ☐ Yes ☐ No
   If yes, what area of ministry do you believe he/she has been called? ____________________________________________________________

6. Please evaluate the applicant on the following by checking the appropriate category.

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<th>Qualifications</th>
<th>Superior</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>Not Observed</th>
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<td>Denominational Soundness</td>
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<td>Self Confidence</td>
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<td>Ability to Accomplish Tasks</td>
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<td>Ability to Work Well with Others</td>
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</table>

7. Does the applicant or spouse use tobacco, alcohol, or any drug? ☐ Yes ☐ No If yes, please explain.
   ____________________________________________________________________________________________________________

8. Has the applicant or spouse ever been arrested for any reason? ☐ Yes ☐ No If yes, please explain.
   ____________________________________________________________________________________________________________

9. Does the applicant have any habits that might hinder them from an effective ministry? ☐ Yes ☐ No
   If yes, please explain. ______________________________________________________________________________________
   ____________________________________________________________________________________________________________

10. Has the applicant, in the past or in present, exhibited any sexual behavior that would be unbecoming a minister? ☐ Yes ☐ No
    If yes, please explain. ______________________________________________________________________________________
11. Has the applicant ever been divorced? ☐ Yes ☐ No

12. Has the applicant’s spouse ever been divorced? ☐ Yes ☐ No

13. Are you aware of any problems, in the past or present, of the applicant or spouse that could affect his or her academic and ministry pursuits? ☐ Yes ☐ No If yes, please explain______________________________

14. Do you conscientiously recommend this applicant to New Orleans Baptist Theological Seminary?
   ☐ Highly recommend ☐ Recommend ☐ Recommend but with reservation ☐ Do not recommend

NAME OF RECOMMENDER_____________________________________________________________________________________________
POSITION OR TITLE________________________________________________________________________________________________
SCHOOL, FIRM, CHURCH________________________________________________________________________________________________
STREET ADDRESS________________________________________________________________________________________________________
CITY/STATE/ZIP________________________________________ TELEPHONE (___)___________________

SIGNATURE OF RECOMMENDER ___________________________________ DATE _________________
We, the ____________________________________________
(Name of Church) ________________________________________
(City) ________________________________________
(State) ________________________________________
(Name of Applicant) ________________________________________

in conference assembled, do hereby approve the purpose of

___________________________, who is a member of this church,

___________________________
(Month) __________________________
(Year)

___________________________
(Signature of Moderator or Other Church Official) ________________________________________
(Address)

___________________________
(Signature of Clerk) ________________________________________
(Address)

TO MODERATOR OR OTHER CHURCH OFFICIAL: Mail or deliver this completed form to the applicant in an envelope, being sure to seal and sign the flap. The applicant has been instructed not to open the envelope, but to forward it to the Doctor of Education Program Office with the application materials. The advantage of this system is that the student knows when the application is complete. Thank you for your part in this important phase of the applicant’s life. NOTE: If you prefer to mail the endorsement directly to us, please feel free to do so. We ask, however, that you notify the applicant of your action. To avoid delays in processing the application, promptly respond and mail the form to: New Orleans Baptist Theological Seminary, Doctor of Education Program Office, 3939 Gentilly Blvd., New Orleans, LA 70126. If you would like to speak with the Doctor of Education Program Office, you may call 1-800-NOBTS-01, ext. 8105.
HEALTH CERTIFICATE
New Orleans Baptist Theological Seminary
Doctor of Education Program Office
3939 Gentilly Blvd.
New Orleans, LA 70126
1-800-NOBTS-01, ext. 8105

NAME _______________________________ NOBTS-ID # _______________________________

(LAST) (FIRST) (MI)

CURRENT MAILING ADDRESS

DATE OF BIRTH ___________________________ DATE EXAMINED BY PHYSICIAN
(MONTH) (DAY) (YEAR)

I hereby authorize Dr. ____________________________ to release the information contained in this medical form which
is required for admission to New Orleans Baptist Theological Seminary.

SIGNATURE OF APPLICANT _______________________________
DATE ________________

SIGNATURE OF WITNESS _______________________________
DATE ________________

NOTE TO THE EXAMINING PHYSICIAN
The purpose of this form is threefold: (1) Seminary responsibilities are very strenuous. In addition to carrying a heavy load of studies, a student
often has to work to support himself or herself. To be sure that the student is physically and emotionally competent to carry such a load, we need a
medical evaluation of the applicant. (2) At the Seminary we offer a limited health service (resident campus physicians who conduct regular clinics
and a resident nurse who arranges for treatment of emergency cases). Important points (if any) in the applicant’s medical history will be helpful in
this connection. (3) To comply with the immunization laws of the state of Louisiana, proof of immunization is required by all applicants.

1. Please indicate the nature of the applicant's relationship with you as a physician:
   a. Regular patient
   b. Occasional patient
   c. First visit

2. Significant points (if any) in the applicant’s family history:

3. Significant points (if any) in the applicant’s past medical history:
4. Remarkable points in the applicant's personal and social habits—alcohol, stimulant or sedative drugs, or any other abnormal physical findings:

5. Psychiatric history or prevailing conditions, if any:

6. In your professional opinion, what factors in the patient's medical or psychiatric status might interfere with his or her carrying a full load of studies, and with working to support himself or herself if necessary while at the Seminary?

7. Is the applicant at this time postponing any necessary medical and surgical treatment?

8. Other remarks:

NAME OF PHYSICIAN (typed) ____________________________________________________________
ADDRESS OF PHYSICIAN (typed) ____________________________________________________
SIGNATURE OF EXAMINING PHYSICIAN ______________________________________________

To the examining physician: Please mail this form to New Orleans Baptist Theological Seminary, Doctor of Education Program Office, 3939 Gentilly Blvd., New Orleans, LA 70126.
PROOF OF IMMUNIZATION
New Orleans Baptist Theological Seminary

NAME ________________________________________________________________________________________

(LAST)                              (FIRST)                (MI)  

NOBTS-ID #                                                                             DATE OF BIRTH__________________________________________

(MONTH)        (DAY)          (YEAR)  

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION
(Provide date for either immunization, illness, or serologic proof of immunization. ALL items are required.)

| Measles (Rubeola) (The state of Louisiana requires proof of two vaccinations against measles since 1968 for all new students born after 1/1/57.) |  
|---|---|---|
| Date of 1st immunization:________________________ | (The state of Louisiana requires proof of one vaccination against mumps and rubella for all new students enrolling at Louisiana Institutions of Higher Learning born after 1/1/57.) |  
| Date of 2nd immunization:________________________ | Date of immunization:______________________________ |  
| *Date of Serologic/Proof of Immunity:_______________ | *Date of Serologic/Proof of Immunity:_______________ |  

| Diphtheria-Tetanus (every 10 years) |  
|---|---|---|
| Date of immunization:________________________ | Rubella (German measles) |  
| Date of Diphtheria/Tetanus illness:______________ | Date of immunization:______________________________ |  
| (Circle appropriate one) | *Date of Serologic/Proof of Immunity:_______________ |  

| Tuberculosis (NOBTS requires test within the last year.) |  
|---|---|---|
| Date of screening:______________________________ | Please check (mantoux) ppm tine__________ |  
| Result__________________________________________ | Date of treatment for positive test or TB | (if treated, please give details.)_______________ |  
| | |  

Tuberculosis (The state of Louisiana requires proof of one vaccination against measles after 1995 for all new students born after 1/1/57.)

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Must provide documentation of lab results.

Please print: Physician/Health Care Provider    Address

Signature of Physician/Health Care Provider    Date

There will be a charge for any shots given by NOBTS clinic. If you should have any questions regarding the amount of the shots or any other questions concerning immunization, please call the clinic at 504-816-8596.

REQUEST FOR MEDICAL EXEMPTION FROM IMMUNIZATION
If you request exemption for medical reasons, you must have your physician provide the medical explanation for the request in the space below.

Immunization(s)________________________________________

Explanation:

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Physician's Signature    Date

I understand that if I claim medical exemption, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I submit proof of immunization.

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Student's Signature    Date

Return completed Proof of Immunization to: New Orleans Baptist Theological Seminary, Doctor of Education Program Office, 3939 Gentilly Blvd., New Orleans, LA 70126. An envelope has been provided for your convenience.
Transfer of Credit Request Form

Desired Trimester of Enrollment__________________

Name____________________________________________ NOBTS-ID____________________

Address_________________________________________ City_________ State_________ Zip____

Phone__________________ Email____________________

Name of Institution________________________________________________________

Course Number ________________ Course Title ________________________________

Description ________________________________________________________________

______________________________________________________________________________

Course Number ________________ Course Title ________________________________

Description ________________________________________________________________

______________________________________________________________________________

Put additional requests on back.

REQUEST FOR TRANSFER OF CREDIT MUST BE COMPLETED AT THE TIME OF APPLICATION. This form must be submitted with the EdD application (including official transcripts). If possible, please submit syllabi from these courses.

Applicant’s Signature __________________________________ Date ____________________

FOR OFFICE USE ONLY

Division Recommendation: ______________________________________________________

Approved by DAC: _______________________________ Date: _______________________

NOBTS TRANSCRIPT (For Registrar’s Office)

Course Number Course Title Grade

______________________________________________________________________________
The U.S. Internal Revenue Department requires that educational institutions report student tuition by Social Security Number. This form is the only time you should be asked to provide this information. The Doctor of Education Program Office will forward this form to the Registrar’s Office for entering into their official records. The Doctor of Education Program Office will not keep record of your SSN #.

PRINT using black or blue ink.

1. FULL LEGAL NAME Last (family name)__________________________ First ____________________ Middle ____________________

2. NOBTS-ID #___________________________________________ SSN #___________________________________________

SIGNATURE_________________________________________ DATE__________________________