



San Francisco Theological Seminary

Doctor of Ministry

Completing the Application

General Information and Instructions

All application materials must be submitted in English and will become part of the Seminary's permanent record.

All completed applications are reviewed monthly. Applications for summer term are due by April 1; applications for fall semester are due by June 1. Late admissions may be considered.

In addition to this completed form, please send or arrange for the following:

1. Official transcripts of your seminary course of study and any other relevant graduate or undergraduate academic work.
2. Four references (see page 2 for specific information).
3. An in-person or telephone interview. (Contact aps@sfts.edu)
4. If English is not your first language, a TOEFL score of 80 (550 if paper-based test) or higher.
5. A \$50 non-refundable application fee.
6. The following narrative documents:
 - a. A short statement of how you are engaged in ministerial leadership, who authorizes your work, and to whom you are responsible.
 - b. A short statement of your reasons for wishing to apply to this program, including particularly your expectation of how it will enrich your ministry.
 - c. A brief sample of your scholarly writing, demonstrating your ability to present and integrate ideas. This can be all or part of a previously written academic paper or published article. *No sermons, please!*

NOTE: Additional documents are required for specialized program options, including: Pastoral Care and Counseling, Pastor as Spiritual Leader, Chaplaincy/Spiritual Care Research Literacy. Please contact the APS Program Manager to request the necessary forms at aps@sfts.edu.

Please send all documents to:

Advanced Pastoral Studies Program
San Francisco Theological Seminary
105 Seminary Road San Anselmo, CA 94960
Phone: 415.451.2865 Toll Free: 800.447.8820 x865 email: aps@sfts.edu

It is the policy of San Francisco Theological Seminary not to discriminate on the basis of sex, age, race, color, physical disability, sexual orientation/identity, and/or national and ethnic origin in its educational programs, student activities, employment or admission policies, in the administration of its scholarship and loan programs, or in any other school-administered programs. This policy complies with requirements of the Internal Revenue Service Procedure 321-1, Title VI of the Civil Rights Act, and Title IX of the 1972 Educational Amendments as amended and enforced by the Department of Health and Human Services.

Please read information and instructions prior to completing form, and type or print all information.

Please indicate track:

- Contextually Oriented Emphasis
- Executive Leadership Emphasis
- DASD Advanced Standing
- Pastoral Care and Counseling Track
- Chaplaincy/Spiritual Care Research Literacy
- Pastor as Spiritual Leader Track
- Feminist/Womanist/Mujerista Emphasis
- Transfer

APPLICANT

Last First Middle

Primary Email Alternate Email

Preferred Mailing Address City

State/Zip

Telephone with area code Alternate Phone

Date and Place of Ordination or Licensure

If Ordained, by whom?

Church Membership Denomination/Faith Group

Date of Birth Place of Birth Citizenship

ACADEMIC INFORMATION - List college, professional and graduate study

Institution Location Dates Degree/Year Received

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PROFESSIONAL MINISTRY EXPERIENCE

Church or Agency Location Dates Job Title

Church or Agency Location Dates Job Title

Church or Agency Location Dates Job Title

Church or Agency Location Dates Job Title

OTHER PROFESSIONAL EXPERIENCE

If admitted, when do you plan to begin your studies?

Month (June or September)

Year

References

1. One academic mentor.
2. One professional clergy colleague.
3. One personal friend.
4. One other person of your choosing who is familiar with your ministry.

1. Name	Address	Email
1. Name	Address	Email
1. Name	Address	Email
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Certification

I have read the application and instructions and hereby apply for acceptance to the Doctor of Ministry degree program at San Francisco Theological Seminary. I have completed this form and all related documents honestly and to the best of my ability.

Signature

Date

TO BE COMPLETED BY THE APPLICANT

Last	First	Middle
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Phone	Email
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I HEREBY WAIVE my right of access to this recommendation.

Signature	Date
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The Doctor of Ministry is a part-time in-service degree program designed to develop greater competence in the practice of ministry through critical scholarship and innovative pedagogy. It helps if you recognize, as we do, that a wholly positive report is not apt to be balanced, complete, or useful. We appreciate your help in evaluating this applicant.

TO BE COMPLETED BY THE REFERENCE:

First Name	Last Name
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Position/title	Institution
----------------	-------------

Street Address

City	State/Province	Zip/postal code	Country
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Email	Phone
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How long have you known the applicant?	In what capacity?
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OVERALL RECOMMENDATION

- Recommend most enthusiastically
- Recommend strongly
- Recommend with confidence
- Recommend
- Recommend with reservation
- Do not recommend

How would you rate the applicant in the following areas? *Please mark an X in the appropriate boxes.*

ACADEMIC QUALIFICATIONS (for applicants to all programs)

	Exceptional (Top 5%)	Outstanding (Next 10%)	Very good (Upper 25%)	Average (Upper 50%)	Below Average	No basis for determination
Intellectual ability/capacity for graduate work						
Ability to collaborate/relate with others in class						
Ability to work independently						
English language proficiency						
Vocational clarity and commitment						
Overall academic qualifications						

APPLICANT AS PRACTITIONER/SCHOLAR

	Exceptional (Top 5%)	Outstanding (Next 10%)	Very good (Upper 25%)	Average (Upper 50%)	Below Average	No basis for determination
Critical thinking skills						
Theological reflection on ministry issues						
Ability to work in cooperative learning environment						
Research skills						
Openness to diversity of viewpoints						
Creativity in ministry						
Effectiveness in ministry						

OTHER INFORMATION

If you wish to elaborate on any of your responses or to offer us any additional information about the suitability of this applicant for doctoral work, please attach to this document.

I hereby certify that the information I am submitting is complete and accurate.

Signature

Date

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Phone	Email
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