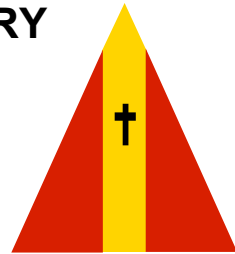


HOOD THEOLOGICAL SEMINARY

1810 Lutheran Synod Drive
Salisbury, NC 28144



Application for Admission Doctor of Ministry Program

Applying for: First Year Transfer Re-Admission

A. Personal Data

Name _____
Last First Middle

Mailing Address: _____
Street or P.O. # City State Zip

Permanent Address: (if different) _____
St. or P. O. # City State Zip

Phones: _____
Home Office FAX E Mail

Date of Birth: ___/___/___ Country of birth: _____ Soc. Sec #: _____
Ethnic Origin: _____ Gender: ___ Profession: _____ Title: _____

Marital Status: (*check one*) ___ Married; ___ Single; ___ Divorced; ___ Widowed

If married, spouse's occupation: _____

Number and ages of children (*if any*): Number: ___; Ages: ___, ___, ___, ___, ___, ___.

B. Educational Information (*If additional space is needed, please clip or staple extra sheet*)

Undergraduate College/University: _____ Degree: _____
City & State where located: _____ Graduation Date: _____
Major(s) _____

Seminary/Divinity School: _____ Degree: _____
City & State where located: _____ Graduation Date: _____

Graduate Schools: _____ Degree received? (Y) (N)
City and State where located: _____ Degree & Date: _____

Other: _____

If author of a thesis or dissertation, what subject or title? _____

C. Ecclesiastical Information

Denomination or Faith Community: _____

Status: ___ Licensed; ___ Commissioned; ___ Ordained (Order of Ordination): _____
___ Other (specify in the terminology of your tradition): _____

Data regarding your highest clergy credentials:

Date: _____ Where? _____
By whom _____ Ecclesiastical Authority: _____

Other Information pertinent to clergy credentials: _____

D. Financial Information

Sources of financial support for your participation in this program

- A. _____ C. _____
B. _____ D. _____

Will these sources be adequate to meet your seminary expenses for six consecutive semesters? ____ (Yes)
____ (No) if no, do you have alternative financing? _____

E. Health Information

What is the condition of your health (be specific): _____

Are there health conditions that might impede your work as a student? _____ (If yes, explain)

F. Endorsements and Permission

Endorsements are required from your judicatory official (or, if none, a colleague) and a professor who knows of your academic work; and a letter of endorsement is required from your governing body.

1. Governing body: Name of Body: _____ Chair: _____
(In ministry setting) Address: _____

2. Judicatory Official: Name _____ Position: _____
(If none, colleague) Address _____

3. Former Professor: Name: _____ Institution: _____
Address: _____

Conduct: (The following questions relate to the high ethical standards to which those in ministry are held. Failure to provide truthful answers to the following questions or failure to inform the Office of Admissions of any subsequent changes in your answers may result in the revocation of admission.)

Have you ever been discharged by an employer? [] Yes [] No

Have you ever been convicted of a felony, misdemeanor (other than a minor traffic violation), or any incident of sexual misconduct? [] Yes [] No

Have you ever been placed on disciplinary probation or resigned or been suspended, expelled, or requested/advised to resign from any college, university, professional school or school of theology? [] Yes [] No

(The Hood Theological Seminary reserves the right to conduct a criminal background check on all applicants. If the Hood Theological Seminary chooses to conduct a criminal background check, pursuant to applicable law, you will be provided with adequate notice and an opportunity to confirm or deny the accuracy of any information contained in a criminal background investigation record).

G. Introspective Paper: Attach a definitive, introspective paper describing your spiritual and ministerial Journey from the time of your call, through your career and life seasons, until the present.

Signature: _____ Date: _____

- ** Ethnicity
00-Black or African American
01- White
02- Hispanic/Latino
03- Asian
04-American Indian or Alaska American

- 05-Native Hawaiian or Pacific Islander
06- Two or more races
07-Race and ethnicity unknown
08- Nonresident alien

* The seminary requests your social security number (SSN) both to maintain the integrity of your academic records and to comply with federal IRS reporting requirements. Your SSN is kept in a secure and confidential location and not released to an outside or third party except in instances permitted by federal law. As an eligible educational institution Hood Theological Seminary must use your SSN to file certain returns with the IRS and to furnish a statement to you. The returns Hood Theological Seminary must file contain information about qualified tuition and related expenses. The Privacy Act Notice - Section 6109 of the Internal Revenue Code - requires you to give your correct SSN to persons who file information returns with the IRS.