

APPLICATION FOR ADMISSION

DOCTOR OF MINISTRY PROGRAM

Admissions Office
McCormick Theological Seminary
5460 S. University Ave.
Chicago, IL 60615
800-228-4687 x6314
FAX 773-288-2612

This application can be used for the following D.Min. tracks:

- Building Beloved Community
- Parish Revitalization
- Pastoral & Spiritual Care

Applications for the Ecumenical Doctor of Ministry Program and the ACTS Doctor of Ministry in Preaching Program may be obtained by contacting the Admissions Office.



We are pleased you're applying to McCormick Theological Seminary. It is your responsibility to see that all required materials are submitted together at the point of application. Please print your name and mailing address on the reverse side of this card and submit it with your application materials. You will be informed of the status of your application at the earliest possible date. Again, thank you for your application!

RECEIPT OF APPLICATION FORM

Please print your name and mailing address on the reverse side of this card.



Date completed application received _____

Thank you for your application!

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Admissions Office
 McCormick Theological Seminary
 5460 S. University Ave.
 Chicago, IL 60615
 800-228-4687 x6314
 admit@mccormick.edu
 www.mccormick.edu

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APPLICATION

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INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Admissions Office
McCormick Theological Seminary
5460 S. University Ave.
Chicago, IL 60615
800-228-4687 x6314
admit@mccormick.edu
www.mccormick.edu

Thank you for your interest in the Doctor of Ministry program at McCormick Theological Seminary. All documents submitted in support of this application become the property of McCormick, and are not returnable to the applicant or transferable to any third party. All materials will be kept strictly confidential by the Admissions Office.

Please use a computer printer or print clearly when completing documents.

All materials should be submitted as a packet at the time of application (with the exception of academic transcripts, which may be sent directly by the granting institution to McCormick). Keep a copy of the completed application packet for your files. If you have any questions, please contact the Admissions Office at 1-800-228-4687 x 6314 or admit@mccormick.edu.

The following items must be submitted when applying:

1. Non-refundable \$70 application fee.
2. Official, sealed transcripts of all academic work beyond the high school level *whether or not a degree was awarded*.
3. Essay reflecting on your ministry experience and learning goals for a Doctor of Ministry program, as indicated on p.8 of the application form. Please include your name at the top of each page.
4. Work history (a list of the title, place, and date of your present and past professional positions). A resumé, personal information form, or curriculum vitae may be used.
5. Two letters of reference, submitted in sealed envelopes. One of these references should be from a peer in ministry and the other should be from a staff person who serves in the regional governing body to which you are related. See p.9 of this application for further details.
6. Assessment by the Governing Board or Personnel Committee of the congregation or agency in which you are currently serving.
7. Completed application form.
8. Receipt of application form. Your receipt of this card in the mail will indicate that your application has been received and is complete.

Please mail your completed application to:

Admissions Office, McCormick Theological Seminary, 5460 S. University Avenue, Chicago, IL 60615.

Applications for the Doctor of Ministry program are due by April 1 for matriculation in the summer D.Min. start-up groups.

Prior to matriculation, but not before admission, a completed confidential statement of personal health and immunizations as well as proof of insurance will be required.

APPLICATION FOR ADMISSION

Complete the following two pages and attach them to the top of your application packet. Please type or print clearly.

MAIL THE COMPLETED PACKET TO:
Admissions Office
McCormick Theological Seminary
5460 S. University Ave.
Chicago, IL 60615

Doctor of Ministry track for which you wish to apply:

Building Beloved Community Parish Revitalization Pastoral & Spiritual Care

Name (*last, first, middle*)

Date of Birth (*month, day, year*)

Place of Birth

Country of Citizenship

Social Security Number

If you are not a US citizen, what is your visa classification in the US?

Visa Expiration Date

Home Address (*street*)

City

State/Province

Zip

Country

Work Address (*Street*)

City

State/Province

Zip

Country

Home Phone

()

Work phone

()

Fax

()

Mobile phone

()

E-mail address

Racial identity (optional)

APPLICATION FOR ADMISSION

(continued)

Please type or print clearly.

MAIL THE COMPLETED PACKET TO:
Admissions Office
McCormick Theological Seminary
5460 S. University Ave.
Chicago, IL 60615

Name of the congregation where you minister or the agency which is your primary location of ministry:

What is your denominational affiliation?

What is the governing body in your denomination to which you relate?

Date of ordination:

List in chronological order the colleges, universities, and seminaries you have attended, *whether or not you were awarded a degree.*

Name of Institution	Location	Dates Attended	Major	Degree / Date Awarded

If you believe that your grades from these institutions do not accurately indicate your academic abilities, attach a separate sheet of paper.

Work History (If necessary, please attach a separate page to the application)

This certifies that the undersigned has completed this application and all information contained in this application is factually correct and honestly presented.

Signature

Date

MEDICAL INFORMATION

Admissions Office
McCormick Theological Seminary
5460 S. University Ave.
Chicago, IL 60615
800-228-4687 x6314
admit@mccormick.edu
www.mccormick.edu

Name *(last, first, middle)*

Address

City

State

Zip Code

Home Phone

()

Home Fax

()

E-mail

Prior to matriculation, but not before admission, a completed confidential statement of personal health and immunizations as well as proof of insurance will be required.

Physician's Name

Address

City

State

Zip Code

Phone

()

Fax

()

Have you had any physical or mental illness or identified learning disability that may affect you in meeting the demands of a rigorous program of graduate study or work in ministry?

Yes No

If yes, please attach an explanation.

In order to accommodate the needs of students with disabilities, disabilities must be officially disclosed after admission to McCormick.

BACKGROUND CHECK AGREEMENT

Admissions Office
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Section 1

Seminaries seek to be communities where students, faculty and staff live within a covenant of hospitality, trust, and safety. These covenantal commitments are foundational to the mission of McCormick Theological Seminary, which is to foster academic excellence, formation for Christian ministry, and faithful witness in mission. Furthermore, as seminaries are charged with the preparation of their students for ministry, they also are responsible for students serving in congregations and agencies in which they are placed. Their responsibilities are theological, ethical, and legal. Theologically, seminaries are responsible for creating an environment that nurtures and sustains their objectives of theological education. Ethically and legally, seminaries are responsible if a student's abuse of power or role endangers or violates members of the seminary community or the congregations or agencies in which he or she serves.

For the above theological, ethical, and legal reasons, McCormick Theological Seminary requires background checks as part of the admissions process for all entering masters students.

Section 2

In connection with evaluating my application for admission to McCormick Theological Seminary, I understand that McCormick Theological Seminary may perform a criminal background check to verify my social security number, and determine if I have a criminal history. I understand that a criminal history may not automatically disqualify me from admission to McCormick Theological Seminary.

By signing this application, I freely and voluntarily authorize McCormick Theological Seminary and/or its agents to perform a criminal background check. I also authorize McCormick Theological Seminary to make an independent investigation of my background and character which may include, but not limited to, a review of public records, motor vehicle records, all references, past employment history, and records maintained by retail protective and security associations.

I also understand that failing to reveal and/or falsifying information relating to my application will result in denial of my application, or revoking of my admission.

By signing this document, I acknowledge that I have read and understand the above statements and conditions.

Applicant Signature _____ Date _____

ESSAY

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Please provide a typewritten or computer generated essay (8-12 pages, double spaced), in which you address the following (please include your name at the top of each page):

Part I:

Identify and discuss your theological understanding of church and world, and how this understanding is reflected in your practice of ministry.

Part II:

1. Consider the following questions as they relate to your ministry: What is going on that you do not understand? What are you curious about? What puzzles you about ministry or about the church? In light of these reflections, what do you need to learn? Be as specific as possible.
2. Identify what unique gifts or strengths you feel you will bring to other student colleagues in the Doctor of Ministry program.
3. Identify any barriers in you or your situation that might limit your learning experience.
4. In light of your reflections in both sections of this essay, explain why you believe that McCormick's Doctor of Ministry program will help you achieve your learning goals.

REFERENCES

Admissions Office
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References

Please ask two persons, other than relatives, who can write thoughtfully about your personal and vocational qualifications to write recommendations on your behalf. Have these persons return the completed references to you, in sealed envelopes, for you to submit as part of your application. Please ask your references to sign their names on the back of the envelope, where the flap forms the seal.

Peer Reference (blue form)

This reference should be completed by a colleague in ministry who knows you and your work. For example, if you work on a church staff, the peer reference could be one of your ministerial colleagues. Your peer reference could also be a minister from a nearby church or social service agency who is familiar with your work. It could also be someone with whom you have worked in the past.

Name _____

Position _____

Address _____

Phone _____

Email _____

Denominational Staff Reference (green form)

This reference should be completed by a staff person in the regional denominational body to which you are accountable or in which you participate. This person (e.g., an executive presbyter, bishop, district superintendent) should be familiar with you and your work.

Name _____

Position _____

Address _____

Phone _____

Email _____

PEER REFERENCE FORM

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This is an important reference for evaluating readiness for study in a Doctor of Ministry program. Your evaluation will be used for the purpose of helping the Faculty Committee on Admissions determine whether the applicant should be admitted to the Seminary. After the Committee has made its decision, this reference and all others submitted on the applicant's behalf will be destroyed, and, therefore, will not be part of the student's educational record if she or he matriculates at the Seminary.

Please keep a copy of this form for your records, and return the signed original, in a sealed envelope, to the applicant requesting this reference. Please also sign the back of the envelope, where the flap forms the seal. The unbroken seal with your signature ensures the confidentiality of your reference.

I understand that I waive my right to review this reference.

Applicant's signature _____

This reference form should be completed by a colleague in ministry who knows the applicant and her or his work, and who can evaluate her or his readiness to participate in a Doctor of Ministry program.

Name of Applicant: _____

On an additional sheet, please give your candid assessment of the applicant, covering the following areas:

- The strengths and limitations of the applicant as a minister
- Additional knowledge or skills would increase the applicant's effectiveness and faithfulness in ministry
- How the applicant handles conflict
- How the applicant works with others in group settings
- Any limitations in the applicant or her or his situation that might limit this person in the practice of ministry

Date _____ Phone _____ Email _____

Signed _____ Print Name _____

Position _____

Name of Congregation or Institution _____

Address _____

DENOMINATIONAL STAFF REFERENCE FORM

Admissions Office
McCormick Theological Seminary
5460 S. University Ave.
Chicago, IL 60615
800-228-4687 x6314
admit@mccormick.edu
www.mccormick.edu

This is an important reference for evaluating readiness for study in a Doctor of Ministry program. Your evaluation will be used for the purpose of helping the Faculty Committee on Admissions determine whether the applicant should be admitted to the Seminary. After the Committee has made its decision, this reference and all others submitted on the applicant's behalf will be destroyed, and, therefore, will not be part of the student's educational record if she or he matriculates at the Seminary.

Please keep a copy of this form for your records, and return the signed original, in a sealed envelope, to the applicant requesting this reference. Please also sign the back of the envelope, where the flap forms the seal. The unbroken seal with your signature ensures the confidentiality of your reference.

I understand that I waive my right to review this reference

Applicant's signature _____

This reference form should be completed by a staff person serving in the regional denominational body to which the applicant is accountable or to which she or he relates. This staff person (e.g., executive presbyter, bishop, district superintendent) should be someone who knows the applicant and her or his work, and who can evaluate her or his readiness to participate in a Doctor of Ministry program.

Name of Applicant: _____

Please attach an additional sheet and comment on the following:

Please give your candid assessment of the applicant, covering the following areas:

- Professional service to the church.
- Clarity of commitment to advanced degree studies in professional ministry.
- Personal attributes and family situation as relevant to her or his ministry.
- Readiness and ability to enter a program of graduate study at this time.
- Relationship to church activities, bodies, or programs beyond the local congregation (e.g., committees, councils, boards of presbytery, conference, association, synod, region)

Date _____ Phone _____ Email _____

Signed _____ Print Name _____

Position _____

Name of Congregation or Institution _____

Address _____

ASSESSMENT BY THE GOVERNING BOARD OR PERSONNEL COMMITTEE

Admissions Office
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McCormick Seminary requests that you meet with the governing board of the congregation or agency in which you are currently employed. Terminology varies for this group (session, vestry, administrative board or council); it should be whatever ruling body is responsible for policy and program decisions. If you are employed in a setting that does not have such a body, please meet with the group that functions as a Personnel Committee.

Please use the following to orient the board for this discussion:

Your minister is applying for admission to the Doctor of Ministry program at McCormick Theological Seminary. McCormick views you as essential partners in this program. Since each course in this program requires an integrative project in the practice of ministry, a student can only complete this program with your knowledge, cooperation, and support.

McCormick therefore requests that you complete the following assessment. This is not a recommendation to the program. It is intended as feedback to the applicant about what might best contribute to her or his personal and professional growth. This assessment is designed to heighten the applicant's self-awareness and to assist her or him in fashioning learning goals for the program.

Please provide, on a separate sheet of paper, a typewritten or computer generated summary of your discussion (three to five pages, double spaced). This summary must be signed by the governing board's clerk or secretary. Return this summary to the applicant. Do not send it directly to McCormick Seminary. Thank you for your participation.

Use the following questions to guide your discussion.

Feel free to adapt them to your particular setting.

1. In the course of her or his work, what tasks and responsibilities do you expect the applicant to perform?
2. In order to equip the applicant for more effective and faithful ministry, what educational recommendations would you make to her or him?
3. What do you hope will happen to your congregation or organization as a result of the applicant's participation in a Doctor of Ministry program?
4. Students in McCormick's Doctor of Ministry program are expected to integrate course learnings into their practice of ministry. Each course requires a ministry project in which course theory is brought to bear on particular challenges in the congregation's (or organization's) life. Are you willing to be co-learners with the applicant in these projects?
5. What barriers do you see to the applicant's participation in this program?
6. What support are you willing to provide the applicant (study leave, tuition assistance, etc.)?
7. If the applicant is part of a multiple-staff setting, how will other staff members support the applicant's participation in the program?

CHECKLIST

Admissions Office
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The following checklist is provided for you to track completion of forms and assessments. All items must be received before your application will be considered by the Faculty Committee on Admissions.

Application form

Requests for official transcripts have been mailed

Governing body assessment form

Denominational staff reference

Peer reference

Essay

Medical information

\$70 application fee

We will be in communication with you soon.

Thank you for applying to the Doctor of Ministry Program at McCormick Theological Seminary.

life
transforming
transforming lives

McCormick

MCCORMICK
THEOLOGICAL
SEMINARY

5460 S. University Ave.
Chicago, IL 60615

Name

Address

City

State

Postal Code