



**DOCTOR OF MINISTRY
APPLICATION FOR ADMISSION**

GLOBAL TRACK / JUNE 2026

Then I heard the voice of the Lord saying "Whom shall I send, and who will go for us?" And I said, "Here I am Lord, send me!" --Isaiah 6:8

PERSONAL INFORMATION

Name:

First

Last

Gender:

☐ **Male**

☐ **Female**

Date of Birth:
(MM/DD/YEAR)

Mailing Address:

(For international mailing, we need students to provide us detailed address.)

Address

City

Providence / State

Postal Code / Zip Code

Country

Home Telephone #:

Cell Phone #:

Email Address:

Country of Citizenship:

Passport Number:

Social Security Number:
(Only for US Citizen)

EDUCATIONAL HISTORY

Transcripts from all previously attended colleges and seminaries must be sent directly from the issuing office to the Admissions Office at Wesley Theological Seminary.

List all colleges and grad school attended	Periods of Attendance	Major	Date of Graduation	Degrees

RELIGIOUS BACKGROUND

Denomination: What is the name of your association, conference, diocese, judicatory or presbytery?

Name and address of local church to which you belong or which you serve:

MEDICAL INFORMATION

Have you, in the past five years, had any serious illness, emotional disturbance, or physical disability, which interfered with your work or study responsibilities? ☐ Yes ☐ No

If yes, please give the dates and details along with your physician's name and address. Please authorize your physician to release pertinent information to our Admissions Committee.

OPTIONAL INFORMATION

Completion of the following item is optional. It is included in an effort to promote ethnic inclusiveness.

Ethnic Origin: ☐ Asian ☐ African American ☐ Hawaiian or Pacific Islander ☐ White ☐ Native American

☐ Hispanic or Latino ☐ Non-Hispanic ☐ Other (specify) _____

REFERENCES

You are asked to supply your referrers with the recommendation request form which can be downloaded from the website. Please provide names and complete mailing addresses of references. Family members may not be used as references. Be sure to consider whether you wish to waive your right to read the letters and indicate this on each recommendation form.

1. Pastor who knows you well

Full Name: _____

Phone: _____

Email Address: _____

2. College / Seminary Professor

Full Name: _____

Phone: _____

Email Address: _____

PERSONAL STATEMENT

On separate sheets of paper, please supply the following essays (minimum of two typed pages each):

1. A biographical statement setting forth in sequence your career in ministry
2. A personal evaluation of your professional competence (strengths and needs)
3. A statement on how you have integrated your formal theological education with your practice of ministry
4. Reasons for pursuing the Doctor of Ministry Degree at Wesley Theological Seminary (1p.)

I certify that the foregoing information is correct to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for admission or constitute grounds for dismissal.

Signature: _____ **Date:** _____

Wesley Theological Seminary is committed to complying fully with all applicable federal and District of Columbia non-discrimination laws. In accordance with this commitment, the Seminary shall not discriminate against any individual in the provision of educational services (admission, financial aid, etc.), student housing or employment, including but not limited to, by reason of that individual's actual or perceived race, color, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family status, family responsibilities, genetic information, disability, or political affiliation. We are working toward the realization of a barrier-free environment with adequate facilities and assistance for persons with disabilities.