

Master of Arts in CHRISTIAN MINISTRY

S O U T H W E S T B A P T I S T U N I V E R S I T Y

APPLICATION FOR GRADUATE ADMISSION

CANDIDATE INFORMATION *(Please Print)*

Date _____

Ms. Mr. Mrs. Last Name _____ First Name _____ Middle Name _____

Maiden (former names) _____ Gender: M / F Home Phone (_____) _____ Mobile Phone (_____) _____

Work Phone (_____) _____ Date of Birth _____

Email _____

Are you a U.S. citizen? Yes No

TOEFL Score: _____
(Required if English is not your native language)

Race/Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Multi or Bi-racial |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other _____ |

CURRENT ADDRESS

Mailing Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Permanent Address (if different from above) _____

City _____ State _____ Zip/Postal Code _____ Country _____

CURRENT EMPLOYMENT

Employer _____ Position _____

Dates _____ Supervisor _____

THIS APPLICATION IS FOR:

Anticipated Start Date Fall (August) Winterfest (early January) Spring (late January) Summer (June) Year _____

HOW DID YOU LEARN ABOUT THIS GRADUATE PROGRAM?

SBU Website Online Advertisement Print Advertisement Professional Conference Promotional Material Friend Colleague Alumni

Admission policies and process are listed on page 3

06/2017

Master of Arts in **CHRISTIAN MINISTRY**

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Education: List ALL colleges, universities, and/or seminaries attended in chronological order.

Previous colleges/universities/seminaries attended	Dates attended	Degree(s)	Major(s)	GPA

DO YOU PLAN TO TRANSFER GRADUATE CREDITS FROM ANOTHER INSTITUTION TOWARD THE COMPLETION OF THIS DEGREE?* IF SO, PLEASE LIST EACH COURSE BELOW:

Course Title	Sem. Hrs.	Institution where completed	Year completed	Grade in course

*Transfer hours must have been completed and must have been taken for graduate credit from an accredited university or seminary. All transfer hours are subject to approval by the Graduate Admissions Committee and the Registrar.

OTHER GRADUATE WORK YOU WOULD LIKE US TO KNOW ABOUT:

Course Title	Sem. Hrs.	Institution where completed	Year completed	Grade in course

ARE YOU AWARE OF ANY SPECIAL ASSISTANCE THAT YOU MAY NEED TO COMPLETE THE PROGRAM? IF SO, PLEASE EXPLAIN.

_____ Signature of Applicant	_____ Date
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Send application to: Southwest Baptist University, Master of Arts in Christian Ministry Program
Attn: Brittany Crow, Administrative Assistant ■ 1600 University Avenue ■ Bolivar, MO 65613

Master of Arts in CHRISTIAN MINISTRY

S O U T H W E S T B A P T I S T U N I V E R S I T Y

ADMISSION PROCESS

In order to be fully admitted to the Master of Arts in Christian Ministry program, you must submit the following materials:

1. Completed and signed Application for Graduate Admission (this form)
2. Official transcript showing completion of a bachelor's degree
3. Graduate Admission Essay
4. Letters of Recommendation

Some individuals will also be required to submit the following:

5. Official transcript(s) showing any previous graduate coursework (if you are requesting to transfer credits)
6. TOEFL documentation (if English is not your native language)

SENDING TRANSCRIPTS

Please remember that in order for transcripts to be considered official, they must be sent DIRECTLY from the university or seminary. When ordering transcripts from another institution, please request that they be mailed to:

Southwest Baptist University
Master of Arts in Christian Ministry Program
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1600 University Ave.
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If you are currently enrolled in courses and/or have not yet completed your bachelor's degree, you may submit unofficial transcripts showing the coursework you have completed and the courses in which you are currently enrolled. The Admissions Committee may conditionally admit you to the program based on the evidence of these transcripts. However, you will not be fully admitted to the program until you submit an official transcript showing completion of a bachelor's degree.

LETTERS OF RECOMMENDATION

Use the provided Letter of Recommendation forms to secure three references from the following individuals: (i) your pastor or a mentor, (ii) one of your college professors, and (iii) a fellow member at your church. Complete the top portion of each form, making sure to indicate whether or not you waive your right to inspect the contents of the letter that will be written on your behalf. [Note: Although all Letters of Recommendation will be given due consideration, greater weight will be given to those for which the applicant has waived his/her right to view the contents.] After you fill out this section, give the Letter of Recommendation forms to your letter writers and ask them to follow the instructions on the form for its completion and return to the graduate program Admissions Committee.

In the spaces below, please provide the names of the three individuals who will be providing references for you as well as their relationship to you.

REFERENCE 1 _____

REFERENCE 2 _____

REFERENCE 3 _____

GRADUATE ADMISSION ESSAY

Compose an essay, approximately 1,000 – 1,500 words in length, addressing the questions below. Feel free to organize your answers however you wish (the questions do not need to be answered in order, for example) and to elaborate on whatever points you judge to be most important. Beyond the purpose of helping the Admissions Committee to understand more about you, this essay will be evaluated as a writing sample.

1. Give a brief description of your statement of faith, salvation experience, and call to ministry.
2. What are your long-range vocational goals, and in what ways do you expect these goals to be advanced by graduate study at SBU?
3. Are there any other reasons that you are interested in pursuing the M.A. degree in Christian Ministry at SBU, beyond the ones pertaining to vocational goals? If so, what are these reasons?

DEADLINES

It is possible to begin the Master of Arts in Christian Ministry program at the beginning of any semester or term. Applications are accepted throughout the year, with deadlines for application materials varying according to the semester / term in which you intend to begin the program.

Semester/term for which applying to begin	Application deadline	Date by which you will be notified
<i>Fall</i>	April 15	May 15
<i>Winterfest</i>	September 15	October 15
<i>Spring</i>	September 15	October 15
<i>Summer</i>	February 15	March 15

SBU does not discriminate on the basis of race, color, national origin, sex, age, disability or marital status in employment, admission, access to, or treatment in, its programs and activities, except to the extent permitted by religious exemptions recognized by law.

LETTER OF RECOMMENDATION FORM

APPLICANT Last Name _____ First Name _____ Middle Name _____

TO THE APPLICANT: The Family Educational Rights and Privacy Act of 1974 extends to students the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student's qualifications, abilities, and potential. Select only one of the following statements indicating waiver of right to inspect this letter of reference.

- I do waive my right to inspect the contents of the following recommendation and hereby inform referent that this letter will be kept strictly confidential.
- I do not waive my right to inspect the contents of the following recommendation after submission to SBU.

Signature

TO THE EVALUATOR: The above named individual is applying for admission to the Master of Arts in Christian Ministry program at Southwest Baptist University. Your assistance is requested to assist the Graduate Admissions Committee in the selection of applicants who are best qualified to continue their education in this field. You are asked to complete this form and supply any other helpful information regarding this individual based on your experience/history with him/her. If you require additional space, please attach a separate comment sheet.

Please rate the applicant on each of the following criteria relative to other individuals you have known in a similar capacity (e.g., other students you have taught, others you have mentored, etc.). In regard to any trait for which you have not had the opportunity to observe the applicant to a significant degree, please check "Unable to Assess."

	Below Average (bottom 50%)	Above Average (top 50%)	Good (top 25%)	Very Good (top 10%)	Exceptional (top 5%)	Unable to Assess
Academic ability						
Commitment to learning						
Writing ability						
Speaking ability						
Openness to new ideas						
Receptivity to constructive feedback						
Creativity						
Critical thinking						
Ability to solve problems						
Ability to self-direct						
Ability to work with others						
Innovativeness						
Time management						
Ability to handle stress						
Interpersonal skills						
Professionalism						
Responsibility						
Work ethic						
Moral character						
Spiritual maturity						
Ministerial potential						

1. Do you believe this applicant is likely to succeed in a demanding graduate program? *Please explain your answer, along with any reservations you might have.*

2. Do you believe this applicant is likely to be effective in ministry? *Please explain your answer, along with any reservations you might have.*

3. What do you see as this applicant's greatest strengths? Weaknesses?

4. How long have you known this applicant? _____ years _____ months

5. In what capacity do you know this applicant? *(Check all that apply)*

Current Professor Former Professor Current Pastor Former Pastor Current Mentor Former Mentor

Member at the same church Other (explain): _____

6. Further comments (attach separate letter if needed):

Evaluator's name (please print or type) _____

Occupation or position _____

Address _____ Daytime phone number _____

EVALUATOR'S SIGNATURE _____ DATE _____

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