



Perry Sanders Center for Ministry Excellence Office
 New Orleans Baptist Theological Seminary
 3939 Gentilly Blvd., New Orleans, LA 70126
www.nobts.edu/prodoc

General Information

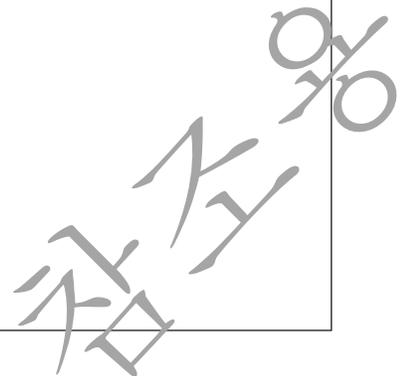
The Professional Doctoral Program at New Orleans Baptist Theological Seminary is one of the largest such programs nationally. The program is designed to offer an advanced degree in a practical setting of a ministry context. Most students complete the Doctor of Ministry degree in 3-5 years or the Doctor of Educational Ministry in 4-6 years. The degree application requires an accredited Master of Divinity (D.Min.) or Master of Arts in Christian Education (D.Ed.Min.) or equivalent, high intellectual achievement, excellent ministerial capability and substantial ministry experience.

Doctoral courses are conducted in a variety of delivery formats, largely in two to four day formats and are scheduled annually in trimesters (Winter, Spring, and Fall).

Doctoral courses are also offered in a variety of locations/extensions. New Orleans Baptist Theological Seminary includes eleven extension centers that we broadcast CIV (Compressed Interactive Video). A list of our extension centers include: Atlanta, GA; Beaumont, TX; Birmingham, AL; Graceville, FL; Jacksonville, FL; Little Rock, AR; Monroe, LA; Nashville, TN; Olive Branch, MS; Oklahoma City, OK; Orlando, FL; Pensacola, FL; Shreveport, LA; and Spartanburg, SC. Additional seminars are offered at select special event locations and as directed study.

For detailed information on our programs, our website (www.nobts.edu/cme) is an excellent source. On the left side of the page is a navigational menu. By clicking on the program you are most interested in, it will provide you with three options: FAQs, a list of our Specializations, and the Application Request. The last option on the menu (Resources) provides a vast array of sources for the prospective student as well as the current student. It includes previous and current schedules and syllabi, both of our Handbooks, sample pages for the papers you will be required to complete during your degree journey, forms and guides for both students and faculty members, etc.

Please do not hesitate to contact any of us in the Perry Sanders Center for Ministry Excellence Office to assist you through this application process. We are looking forward to working with you throughout your pursuit of the degree and this next level of ministry. To inquire information about our Doctoral faculty, please look under “CME Faculty” on our website.



일반정보

뉴올리언스침례신학대학원의 목회학박사 과정은 미 전역에서 가장 큰 프로그램 중 하나입니다. 이 프로그램은 실질적인 사역 환경의 맥락 속에서 고급 학위를 제공하도록 설계되었습니다. 대부분의 학생들은 3-5 년 안에 박사 학위를, 4-6 년 안에 교육부 박사 학위를 완료합니다. 학위 신청에는 정식 인가된 신학 석사 (D.Min.) 또는 기독교 교육 학사 (D.Ed.Min.) 또는 이와 동등한 높은 지적 성취, 탁월한 사역 능력 및 실질적인 사역 경험이 필요합니다.

박사 과정은 주로 2-4 일 형식으로 다양한 전달 형식으로 수행되며 매년 삼 학기 (겨울, 봄, 가을) 로 예정되어 있습니다.

박사 과정은 또한 다양한 장소 및 방식으로 제공됩니다. New Orleans Baptist Theological Seminary 에는 CIV (Compressed Interactive Video) 를 방송하는 11 개의 확장 센터가 포함되어 있습니다. 확장 센터 목록은 다음과 같습니다. 텍사스 주 버몬트; 앨라배마 주 버밍햄; 플로리다 주 그레이스 빌; 플로리다 주 잭슨빌; 알칸사 주 리틀락; 루이지애나 주 몬로; 테네시 주 내쉬빌; 미시시피 주 올리브 브랜치; 오클라호마 주 오클라호마 시티; 플로리다 주 올랜도와 펜사콜라; 루이지애나 주 슈 리브 포트; 및 사우스캐롤라이나 주 스팔탄버그입니다. 부가적인 특별 세미나들은 특별 행사 장소 및 개별 지도 학습으로 제공됩니다.

프로그램에 대한 자세한 정보는 웹 사이트 (www.nobts.edu/cme) 가 훌륭한 자료입니다. 페이지 왼쪽에는 탐색 메뉴가 있습니다. 가장 관심있는 프로그램을 클릭하면 FAQ, 전문화 목록 및 응용 프로그램 요청의 세 가지 옵션이 제공됩니다. 메뉴의 마지막 옵션 (자원) 은 현재 학생 뿐만 아니라 예비 학생을 위한 방대한 소스를 제공합니다. 여기에는 이전 및 현재 일정과 실라버스들, 두 가지 종류의 핸드북, 학위 과정 중에 작성해야 할 논문의 샘플 페이지, 학생 및 교직원을 위한 양식 및 안내서 등이 포함됩니다.

이 신청서 작성 과정을 돕기 위해 Perry Sanders Ministry of Ministry Excellence Office 에 연락하십시오 (한국어 과정은 아틀란타 한국어부 오피스를 컨택하시면 됩니다). 우리는 여러분의 이 학위 과정과 다음 단계의 사역을 추구하는 동안 여러분과 함께 일하기를 고대하고 있습니다. 박사 과정 지도 교수들에 대한 정보를 원하시면 웹 사이트의 "CME 교수진" 을 참조하십시오.

Application Instructions

Read the instructions and follow them carefully. This application will be submitted to the Professional Doctoral Oversight Committee by the Perry Sanders Center for Ministry Excellence Office when all requirements have been met (*except additional requirements pertaining to selected specializations*). Any application that is not returned properly completed and with all documentation will be rejected.

Use the mailing checklist to prepare your packet and return completed forms to:

New Orleans Baptist Theological Seminary
1800 Satellite Blvd., Duluth, GA 30097
Phone: 470-655-0993 Email: kadmin@nobts.edu

Once the completed application packet is received and processed in the Office of Perry Sanders Center for Ministry Excellence, the applicant will be notified and arrangements will be made for a phone interview with the Director of the D.Min. or the D.Ed.Min. program.

The filing of this application does not obligate you in any way, nor does it mean that you will be accepted into the program.

Application Deadlines

April 1 for admission in the Fall Trimester, August 1 for admission in the Winter Trimester, December 1 for admission in the Spring Trimester. These deadlines include the application and all supporting documentation. Any documents arriving after the application deadline will delay your application until the next deadline.

Application for Admission

Be sure to answer every question. Please write your name and social security number at the top of any additional pages of explanation. You must sign the last page under both Ethical Conduct Statement and Policy Statement/Authorization and Release. *Please note the policy on Personal Evaluation forms below. Only list the 3 references you are using on the application form.

Application Fee

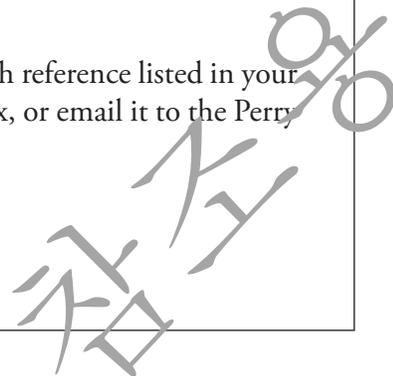
The application fee must accompany your application and should be in the form of a check or money order (*U.S. dollars*) in the amount of \$40.00, made payable to New Orleans Baptist Theological Seminary. Applications submitted without the application fee will not be processed.

Transcripts

Request official transcripts from each post-secondary institution you have attended. A transcript must come from each school even though the work may appear as transfer credit on another document. Submit a written request to the registrar of each school you attended and authorize that an official transcript be sent directly to the address above. Transcripts must be received by the application deadline.

Personal Evaluations

Complete and sign the first part of each evaluation. Give the Evaluation form to each reference listed in your application. The person listed as a reference will then complete the form, and mail, fax, or email it to the Perry Sanders Center for Ministry Excellence Office.



***New Policy Adopted by PRODOC Committee in March, 2002**

The references must be filled out by people meeting the following qualifications:

- If you are a pastor, the Director of Missions for your association or other denominational official; staff members should have their pastor make the reference.
- Academic reference: to be filled out by a professor from your Master's work. If you have been out of seminary for a considerable amount of time, a denominational official may be used.
- Personal reference non-family member.

☐ Church Endorsement

This form and an envelop should be given to an official in the church where you currently hold membership. The form must be read and acted upon by the church body. Where possible this document should be read in a regular business meeting. For those who are not Southern Baptist, it may be impossible for this procedure to be followed since many denominations do not have a congregational form of government. It is necessary, however, that the form be read and approved by the worshipping congregation. The church official should mail, fax, or email it to the Perry Sanders Center for Ministry Excellence Office.

☐ Health Certificate / Proof of Immunization

Read over both forms carefully and complete your portion of each. Deliver both forms, along with an envelope, to your physician. Notify your physician of the deadline for receiving all forms. Results from an examination completed a year or more prior to enrollment will not be accepted.

☐ Autobiographical Essay (2 copies)

Write as a separate document an autobiographical essay. Although you may write in first person, use *A Manual for Writers of Term Papers, Theses, and Dissertations (6th ed.)* by Kate Turabian as a general stylistic guide. Include a title page and table of contents. The essay will be read for form, content, and ability of expression, and should include:

- A brief statement of conversion and call (1 page)
- A brief description and evaluation of ministry experience (2-3 pages)
- Discussion of philosophy of ministry (2-4 pages)
- A brief analysis of personality and leadership style (2-3 pages)
- A discussion of 3 influential books (apart from the Bible) read in the past three years (2-3 pages)
- Goals for personal and professional development (1 page)

☐ Photograph

Photo does not have to be professional, but should be a clear picture, preferably of just you and not a group of people. We would also prefer that you send a non-glossy photo of yourself.

☐ Additional Document for Those with Current/Prior Military Service

- Letter of Eligibility (in case you will be receiving VA benefits), or
- a Statement indicating that you do not/will not receive VA benefits

☐ Additional Prerequisites

If you are currently enrolled in a course or courses to meet additional prerequisites for a particular specialization (e.g., *Hebrew/Greek for Expository Preaching*), you must furnish verification in your application packet of the course(s), including course title, credit hours, and date to be completed. NOTE: All prerequisites must be completed by June for Fall admission, October for Winter admission, or February for Spring admission. A transcript with the grade(s) must be sent to the Office of Perry Sanders Center for Ministry Excellence upon completion of the course(s).

원서 작성 방법

아래의 원서 작성 지침을 읽고주의해서 따르십시오. 이 신청서는 (선정 된 전공분야 선택과 관련된 추가 요구사항을 제외하고) 모든 요구 사항이 충족 될 때 목회학 박사과정 오피스에 의해 (Perry Sanders Center) 목회학박사과정 감독위원회에 제출됩니다. 적절하게 작성 및 제출되지 못한 모든 신청서는 모든 서류와 함께 거부됩니다.

보내야 할 아래의 우편물 체크리스트를 사용하여 원서 및 서류들을 준비하고 완성된 서류들을 아래 주소로 보내시기 바랍니다.

New Orleans Baptist Theological Seminary
ATTN: KMin Center
1800 Satellite Blvd., Duluth, GA 30097
U.S.A.
Phone: 470-655-0993; Email: kadmin@nobts.edu

목회학 박사과정에서 완성된 원서 패키지가 접수되어 처리되면, 신청자에게 통보되고 D.Min 디렉터와 전화 인터뷰를 준비해야 합니다.

이 입학 원서를 제출한다고 해서 어떤 식 으로든 귀하에게 어떤 의무가 부과되는 것은 아니며, 귀하가 프로그램에 입학이 완료되었다는 의미는 아닙니다.

신청 마감일

가을 학기 입학은 4 월 1 일, 겨울 학기 입학은 8 월 1 일, 봄 학기 입학은 12 월 1 일입니다. 이 기한에는 신청서와 모든 증빙 서류가 포함됩니다. 신청 마감일 이후에 도착하는 모든 서류는 다음 마감일까지 신청을 연기합니다.

입학 원서

모든 질문에 답하십시오. 추가 설명 페이지 상단에 이름과 소셜번호를 적어주십시오(소셜번호가 없는 경우는 이름만). 윤리 행동 선언문과 정책 선언문/ 승인 및 공개 동의서 모든 서류의 마지막 페이지에서 명명해야 합니다.

*아래의 추천서 양식의 정책 내용을 참고하십시오. 추천서에 여러분이 사용하게 될 3 인의 추천인만을 기재하십시오.

원서 접수비

원서 접수비는 원서와 함께 제공되어야 하며 New Orleans Baptist Theological Seminary 앞으로 수표 또는 머니 오더로 (미국 달러 기준) \$40.00의 금액이어야 합니다. 신청 수수료 없이 제출된 원서는 처리되지 않습니다.

성적표

귀하가 졸업한 각 고등 교육 기관에 공식 성적 증명서(대학 및 M.Div 성적표)를 요청하십시오. 다른 학교에서 취득하였지만 전학하여 인정받은 전학 학점도 본래의 각 학교에서 성적 증명서를 제출해야 합니다. 재학한 각 학교의 교무처에 서면 요청서를 제출하고 공식 성적 증명서를 위의 주소로 직접 보내도록 요청하십시오. 성적표들은 원서 마감일까지 제출되어야 합니다.

개인 추천서들

원서 패키지에 있는 추천서의 윗 부분을 본인이 작성하고 서명하십시오. 원서상에 제시된 각 추천인들에게 추천서 평가 양식을 제공하십시오. 그런 다음 추천인들이 추천서 양식을 완성한 후 위에 제시된 목회학 박사과정 오피스 주소를 사용하여 우편, 팩스 또는 이메일로 보내십시오.

*** 2002 년 3 월 PRODOC 위원회가 채택한 새로운 정책**
추천서는 다음 자격 요건을 충족하는 사람들이 작성해야 합니다.

- 귀하가 목회자 특히 담임목사 인 경우, 귀하의 지방회 또는 교단의 공식 인사; 담임목사가 아닌 경우는 담임목사 또는 상급 지도자가 추천서를 작성하도록 합니다.
- 학교 추천인: 석사 과정의 교수가 작성합니다. 신학교를 졸업하고 상당한 시간이 흐른 경우 교단 지도자로 대신할 수 있습니다.
- 개인 혹은 지인 추천서는 가족이 아닌 추천인.

교회 확인서

이 확인서와 봉투는 현재 소속 교회의 서기나 직원에게 제공되어야 합니다. 확인서는 교회 단체가 읽고 승인되어야 합니다. 가능하다면 이 문서를 정기적인 사무총회에서 읽도록 하십시오. 남 침례교가 아닌 사람들에게는 많은 교파가 회중주의 형태의 조직을 가지고 있지 않기 때문에 이 절차를 따르는 것이 불가능할 수 있습니다. 그런 경우 가능하다면 예배에 참석한 회중이 양식을 읽고 승인하도록 하십시오. 교회 관계자는 위에 제시된 목회학 박사과정 사무실로 확인서를 우송하거나, 팩스로 송신하거나, 혹은 이메일로 보내야 합니다.

건강 증명서/ 예방접종 증명서

이 두가지 양식을 주의 깊게 읽고 각 부분을 완성하십시오. 봉투와 함께 두 가지 서식을 모두 의사에게 전달하십시오. 모든 양식을 돌려받아야 하는 기한을 의사에게 알리십시오. 등록 전에 1 년 이상 완료된 시험 결과는 인정되지 않습니다 (현재 한국어 과정을 위해 예방 접종 증명서를 제출할 필요가 없습니다).

자서전 수필 (2 부)

자서전 에세이를 별도의 문서로 작성하십시오. 일인칭 대명사를 사용하여 글을 쓸 수는 있지만 Turabian 스타일 매뉴얼 8 판을 일반적인 문서 작성 안내서로 사용하십시오. 제목 페이지와 목차를 포함시키십시오. 이 에세이는 형식, 내용 및 표현 능력에 대해 읽혀지게 되며 다음을 포함해야 합니다.

- 구원 및 소명에 대한 간략한 설명 (1 페이지)
- 사역 경험에 대한 간략한 설명과 평가 (2-3 페이지)
- 사역 철학에 대한 토론 (2-4 페이지)
- 성격과 리더십 스타일에 대한 간단한 분석 (2-3 페이지)
- (성경을 제외하고) 지난 3 년간 읽은 영향력있는 책 3 권에 대한 토론 (2-3 페이지)
- 개인 및 전문 발전 목표들 (1 페이지)

사진

사진은 전문적일 필요는 없지만, 단체 사진이 아니라, 자신의 이미지가 명확하게 보이는 사진이어야 합니다. 또한 지나치게 광택이 들어가지 않은 사진을 선호합니다.

현재/이전 군 복무자들을 위한 추가 서류 (미군에 복무한 경험이 있는 경우만 해당)

- 자격 증명서 (VA 혜택을 받을 경우) 또는
- VA 혜택을 받지 않거나 받지 않을 것임을 나타내는 진술

추가 전제 조건

특정 전문 분야에 대한 추가 전제 조건을 충족하기 위해 현재 코스에 등록 된 경우 (예: 강해설교를 위한 히브리어 / 그리스어) 코스 제목, 학점 및 완료일자를 포함하여 원서에 확인내용을 제공해야 합니다. 참고: 모든 필수 과목은 가을 입학 을 위해 6 월, 겨울 입학 을 위해 10 월, 봄 입학 을 위해 2 월 까지 완료해야 합니다. 성적이 기록된 성적 증명서는 과정 완료 시 목회학 박사과정 오피스로 보내어 줍니다.



New Orleans Baptist Theological Seminary
 1800 Satellite Blvd., Duluth, GA 30097
 Phone: 470-655-0993
 Email: kadmin@nobts.edu

Application for Admission

(Check One) 한 가지만 표시 (여기는 모두 첫번째 학위 과정을 선택하면 됨)

Doctor of Ministry (D.Min.) Doctor of Educational Ministry (D.Ed.Min.) Professional Graduate Certificate Program

Trimester for which you are applying (지원학기: 아래의 학기 중에서 가장 가까운 학기를 표시)

Winter (November - February) Spring (March - June) Fall (July - October)

Year 지원연도 Specialization Area 전공분야: 아래 참조1 참고
Listing available on page 11

Full Legal Name 자신의 법적 이름을 성, 이름 순으로 기재
Last First Middle

Preferred Name 꼭 필요하지 않은 경우, 이 부분은 건너뛰

Present Address 자신의 현재 주소를 기재
Street address, Apt. Number/PO Box

City State (2 letter abbreviation) Zip Code Country

Home Phone 전화 번호 기재 Cell Phone _____ E-mail _____

Work Phone _____ Fax _____

Birth Date (month/day/year) 생일을 월, 일, 년도 순으로 기재 Current age 현재의 나이

참조 1: 한국어 과정 전공분야는 Korean Specialization, Expository Preaching, Pastoral Work 중 택일하여 작성

참조 1

Family Information

결혼여부: 결혼, 미혼, 약혼, 홀아비/미망인, 이혼, 재혼

Marital Status: Married Single Engaged Widow/er Divorced Remarried

Spouse/Fiancé(e) Name 배우자의 이름 및 생년월일
 Maiden Name, if applicable First Name Date of Birth

Spouse/Fiancé(e) Contact # 배우자의 전화번호
 배우자의 이혼 경력 Yes or No?

Has spouse ever been divorced? _____ When? Yes라고 답한 경우, 이혼한년도

Number of children in household 자녀의 수 _____

Full Name of Child/Children	Birth date (mo/day/yr) Age	Gender	Living with you? (y/n)
자녀들의 이름	생년월일, 나이, 성별		동거 여부
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

비상시 연락할 사람 이름, 전화번호, 관계 (배우자는 제외)

Contact Person in the event of an emergency (Other than spouse) _____
 Name

Phone

Relationship

Additional Information

Check the box that best describes you:

Racial Heritage

인종은 3번째 Asian 선택

- White, Non-Hispanic Native American Asian/Pacific Islander
 Hispanic Black, Non-Hispanic

Citizenship

법적 지위 선택(미국 기준 시민권, 영주권, 학생비자, 방문 비자 등)

- United States citizen by birth B-1/B-2 (Visitor)
 Naturalized United States citizen Other Visa
 F-1 (Student Visa) H-1 Visa
 Permanent resident R-1 (Religious Work)

Home state or country of citizenship 시민권자는 태어난 주 및 국가, 한국 시민이면 Korea _____

Military Service

미군 복무 경험이 없으면 No 선택

Have you ever served in the U.S. military? Yes No

If yes, what was the length of service time? _____

Type of discharge _____

Will you be receiving VA benefits? Yes No (In either case, see page 4 for instructions.)

Academic Background

Please list all post-secondary education. It is your responsibility to request official transcripts from every college and seminary (*even if transfer credit is recorded on another transcript*) and have them mailed directly to the Office of Perry Sanders Center for Ministry Excellence.

College/University	Location (City/State)	Dates Attended	Degree
출신대학 이름	출신대학 위치	재학 기간	학위명
Seminary	Location (City/State)	Dates Attended	Degree
신학교 이름	신학교 위치	재학 기간	학위명

Have you ever been denied admission to or been dismissed from any Seminary or Graduate School? Yes No

If yes, please give details 귀하는 대학이나 대학원에서 입학이 거부되거나 퇴학경험이 있습니까? 있다면 자세히 설명

Religious Information

Name of church where you are **currently** a member 현재 사역 또는 출석하고 있는 교회 이름

Street/address/city/state 교회 주소

Month/year of membership 사역 또는 출석 시작 월/년도

Name of pastor 교회 담임목사 이름

Denomination: 교단 택일

- Southern Baptist 남침례교단 *기독교 한국침례회는 Southern Baptist에 표시
- Other Baptist, Which? 다른 침례교단이면 명칭 기재
- Non-Baptist, Which? 침례교단 외 다른 교단이면 명칭 기재

Please check the following that apply to you. 다음 해당 내용에 표시

- Licensed to ministry Ordained minister Neither
- 사역자 안수 받은 목회자 둘 다 아님

Financial Statement

1. Are your credit accounts in good standing? Yes No

귀하의 재정 신용도는 좋은 편입니까?

2. Are you currently under litigation regarding your financial situation? Yes No

If yes, explain: 귀하는 재정 상태와 관련하여 소송 중에 있습니까? 있다면 설명하십시오.

3. Briefly state your plans for financing your educational training.

귀하의 교육을 위한 재정 조달 계획을 간단히 진술하십시오.

I have read the current catalog with regard to the fees charged for enrolling at NOBTS. Yes No

본인은 NOBTS 등록에 부과되는 비용과 관련하여 현재의 카탈로그를 읽었습니다. 예, 아니오

Practical Experience 사역 경력

Beginning with the most recent, list the last three paid church-related positions you have held.

가장 최근의 사역지부터 시작하여 귀하가 경험했던 유급 사역지를 마지막 3개만 기록하십시오.

Position	Church	City/State	Dates
직분	교회명	교회가 있는 도시, 주 또는 도	사역 시작일~종료일
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Beginning with the most recent, list positions of employment you have held.

가장 최근부터 시작하여 귀하가 경험했던 직장 경력이나 위치를 제시하십시오 (없는 경우 통과)

Position	Firm	City/State	Dates
직책	회사명	회사가 있는 도시, 주 또는 도	시작일~종료일
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

References 추천인들

Please list below only those persons you are using for references. Fill out the forms (*signed by both applicant and reference*) and distribute them to each of the persons listed. Evaluations should be mailed, faxed, or emailed to the Perry Sanders Center for Ministry Excellence Office.

아래에 귀하가 추천인으로 선정한 세 사람을 기록하라. 원서에 포함된 추천서 상단을 자신이 기록하고 서명한 다음 각 추천인에게 전달하라. 추천인은 추천평가서를 작성하고 완성하여 밀봉한 다음 학교 오피스로 직접 보내야 한다. (본래는 개별적으로 보내야 하지만, 분실을 막기 위해 추천인이 밀봉하고 서명한 추천서들을 돌려받아 원서와 같이 보낼 수 있음)

1. Pastor of church where you are a member or Director of Missions if you are a pastor

1. 여러분이 섬기는 교회의 담임목사 혹은 자신이 담임 목사인 경우 지방회나 교단 지도자: 이름, 주소, 전화, 이메일 제시

Name	Address	Phone	Email Address
------	---------	-------	---------------

2. Personal reference who has known you for at least two years (*not a relative*)

2. 친척을 제외하고 2년이상 귀하를 알아온 개인 추천인: 이름, 주소, 전화번호, 이메일 기록

Name	Address	Phone	Email Address
------	---------	-------	---------------

3. Academic Reference (*seminary professor or other graduate level supervisor*)

3. 학교 교수 추천인 (신학교 교수 혹은 교수직을 담당하고 있는 교수도 가능)

Name	Address	Phone	Email Address
------	---------	-------	---------------

Ethical Conduct Statement 윤리적 행동 진술문

Admission shall not give a student a contract right which supersedes the seminary's right to select its students or to suspend or dismiss those students whose conduct, behavior, or academic performance does not meet the seminary's high expectations for students of Christian ministries. New Orleans Baptist Theological Seminary (NOBTS) shall be the sole arbiter of any question of a student's compliance with the seminary's standards and any decision concerning discipline shall be submitted to the student as a condition of the student's continuation at NOBTS. Violation of these standards shall include, but is not limited to:

- A. Academic misconduct including, but not limited to, plagiarism or cheating or conduct deemed by the seminary as being conduct not becoming a Southern Baptist minister;
- B. Use or possession of beverage alcohol or illegal drugs;
- C. Sexual activity outside of a monogamous heterosexual marriage;
- D. Giving false statements to the seminary orally or in writing including, but not limited to, one's application for admission, registration, or altering records;
- E. Financial irresponsibility;
- F. Fighting; abusive or vulgar language;
- G. Theft or vandalism;
- H. Violation of seminary academic regulations and policies.

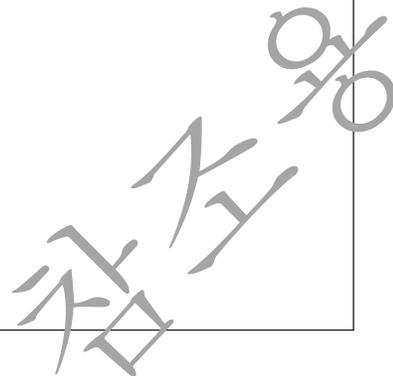
The ethical conduct policies apply to students and members of their households who live or visit on the campus or other seminary property. In addition to academic requirements, the standards of ethical conduct outlined and referenced in the current Graduate Catalog, the current Professional Doctoral Handbook and the current Student Handbook, are applicable.

I affirm that I have read, understand, and will be in compliance with these standards as long as I am registered for any class at NOBTS. I also understand that any violation of the standards may result in disciplinary action as set forth or referenced in the current Student Handbook.

위의 사항들을 위반하지 않고 준수하여 신학생으로 그리고 지도력에 맞는 윤리 강령에 동의하고 서명하는 것. 만일 위반시에는 학생 핸드북에 제시된 바대로, 처벌 규정에 동의하기
이 내용에 동의하면 아래에 서명하고 서명한 날짜를 기입

Signature _____ Date _____

This statement must be signed and dated BEFORE your application can be processed.



Policy Statement/Authorization and Release

To the best of my knowledge and belief, all of the statements and answers in this Application for Admission are true, complete, and correctly stated. I further understand that any misstatement or omission of material fact in my statements and answers in this Application for Admission shall be cause for my dismissal from New Orleans Baptist Theological Seminary (NOBTS).

I authorize and request every person, firm, company, corporation, school, employer (*past and present*), governmental agency, court, association, physician, surgeon, hospital, psychiatrist, psychologist, counselor, institution, or other third party having opinions about me or knowledge or control of any information, documents, records or other data pertaining to me (*including but not limited to information and evidence regarding my medical history, and mental and physical condition, past, present, and future*), to reveal, furnish, and release to NOBTS, or any of its agents or representatives, any such data mentioned above.

The purpose of this Authorization and Release is so that NOBTS may make an evaluation of the information in conducting its investigation as to my qualifications, moral character, and fitness in connection with my Application for Admission at NOBTS.

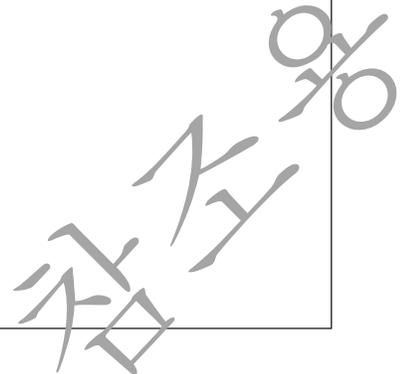
I hereby release, discharge and hold harmless NOBTS, its agents or representatives, and any person, firm, company, corporation, school, employer (*past and present*), governmental agency, court, association, physician, surgeon, hospital, psychiatrist, psychologist, counselor, institution, or other third party and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such opinions, knowledge, documents, records, or other data.

I understand that in order for my application to NOBTS to be given fair consideration, I may not examine the contents of material gathered. I also understand that this Policy Statement/Authorization and Release applies to the application period, while I am a student, and after my student relationship is terminated.

대략 요약하자면 원서에 작성된 내용은 모두 사실이며 사실이 아닌 것을 기록한 경우 입학이 취소될 수 있으며 필요한 경우 원서에 기록된 정보를 필요한 사람들에게 공개하는 것을 승인한다는 동의서임.
이에 동의 하는 경우 아래에 서명하고 서명 일자를 기록

Signature _____ Date _____

This statement must be signed and dated BEFORE your application can be processed.



D.Min. & D.Ed.Min. Specialization Options

Instructions: Use this sheet to select your preference for a specialization in the respective Professional Doctoral program should you be approved for admission. Indicate your choice in the space provided on the front of the application form.

Note: Certain specializations may require additional master's-level work depending upon the student's academic background and/or experience.

Option #1—On-going Specializations:

Choose one of the divisional or inter-divisional emphases on this page which currently are being offered and write it in the space provided on the application form.

Doctor of Ministry (D.MIN.) Specializations:

Apologetics	Denominational Leadership	Pastoral Work
Christian Education	Evangelistic Church Growth	Singles Ministry
Christian Theological Heritage	Expository Preaching*	Spiritual Formation
Church Health	Korean	Worship Studies
Church Planting	Leadership and Administration	Youth Ministry
Collegiate Ministry	Pastoral Counseling	

Doctor of Educational Ministry (D.ED.MIN.) Specializations:

Administration & Servant Leadership	Discipleship & Small Groups
Age Group Ministries	Family Ministry
Church Growth and Church Health	Missions
Church Planting	Pastoral Counseling
Community Ministries & Missions	Pastoral Ministries
Denominational Leadership	Worship Studies

*Additional Requirements for Expository Preaching Specialization:

Greek (4 hrs.) & Hebrew (4 hrs.) Or 6 hrs. of either Greek or Hebrew.

Please consult the ProDoc website for more current information on Specializations. www.nobts.edu/cme.

Option #2—User-Driven Specialization:

If you do not see an on-going specialization on the list which fits your current ministry setting or your area of interest, you may request a particular emphasis by describing it in a word or short phrase in the space provided on the application form. While user-driven specializations cannot be guaranteed, every effort will be made to accommodate the request.

Option #3—Non-Specialization:

You may prefer a more flexible program. You may choose not to designate a specialization. In such cases, the student's specialization seminars may be taken from any division. If you choose non-specialization, please write "non-specialization" in the space provided on the application form.



Mail to: **New Orleans Baptist Theological Seminary**
 1800 Satellite Blvd., Duluth, GA 30097
 Phone: 470-655-0993 Email: kadmin@nobts.edu

Church Leader Reference 교회 지도자 추천서

Applicant: Please print in ink or type information in this section and forward the form to the individual making the recommendation. 지원자 본인이 직접 작성

Name 이름: 성, 이름 순으로 기재

Last First Middle

Address 주소: 번지, 거리명, 호수 등등을 첫번째 줄에 기재

City/State/Zip 도시명, 도 혹은 주, 혹은 나라 우편번호

Phone number 전화번호

Degree program you plan to pursue at NOBTS DMin으로 기재

I hereby waive my rights to have access to this evaluation form, when completed and understand that this confidential recommendation is to be used only in consideration of my application to NOBTS. I also give permission to the individual named in this document as a reference, to release his or her personal information and opinions of me to NOBTS.

I hereby release, discharge, and hold harmless NOBTS, its agents or representatives, and the individual named in this document as a reference from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such personal information and opinions.

Signature 서명 Date 서명한 날짜

상단 박스 안의 지원자 정보를 기입한 후 교회 지도자 추천인에게 전달하여 추천인의 기보 정보와 평가서를 작성하도록 해야 함

To the Recommender: Thank you for taking the time to give your honest evaluation of this applicant. This will help our Admissions Council understand the applicant's potential for ministry. Please note if you feel you cannot adequately answer the questions just sign the form and return to the address at the top of the form. You may speak with the NOBTS by calling the number at the top of the form. *When completed please mail directly to the address above.*

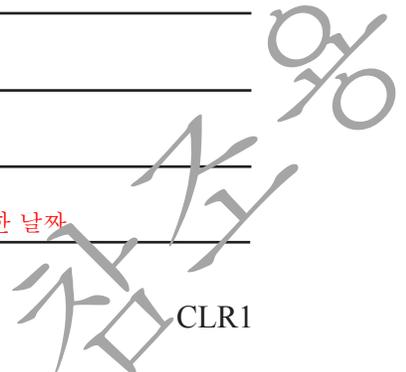
Name of recommender 추천인 이름

Position or title 직함

Address 주소: 번지수, 거리명, 동 혹은 호수 번호

City/State/Zip 도시명, 도 혹은 주, 혹은 나라, 우편번호 Telephone 전화번호

Signature 서명 Date 서명한 날짜



Evaluation

1. 지원자를 알아온 기간

1. How long have you know the applicant? _____ In what capacity? 어떤 분야에서

2. What are the applicant's great strengths? 2. 지원자의 가장 큰 장점들은 무엇인가?

3. What are the applicant's weaknesses? 3. 지원자의 가장 단점들은 무엇인가?

4. 귀하는 지원자가 얼마나 철저히 사역 훈련에 대한 계획을 고려해 보았다고 생각하십니까?

4. How well do you think the applicant has thought through his/her plans for ministry training?

Very thoroughly, examined all options Not sure: should think through his/her plans more Other

아주 철저히 모든 선택사항을 고려해 봄, 확실치 않음: 자신의 계획을 좀 더 생각해 보아야함, 둘다 아닌 다른 견해

Explain _____

5. Does the applicant evidence a "divine call" to ministry? Yes No 5. 지원자에게는 사역에의 부르심의 증거가 있는가?

If yes, what area of ministry do you believe he/she has been called? 있다면, 어떤 분야에 부르심이 있다고 여기는가?

6. 지원자의 다음 사항을 평가해 보라.

6. Please evaluate the applicant on the following by checking the appropriate category. S가 가장 강함

S-Superior

A-Average

NI-Needs Improvement

NO-Not Observed

QUALIFICATIONS	S	A	NI	NO
기독교적 성품	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
교단전 건정성	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
지도력 역량	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
대인관계 기술	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
책임감	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
재정적 책임감	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
지적인 능력	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUALIFICATIONS	S	A	NI	NO
말의 표현력	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
문장 표현력	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
개인적 외모	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
자신감	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
임무달성 능력	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
다른 사람들과 함께 일하는 능력	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Does the applicant or spouse/fiancé(e) use tobacco, alcohol, or any drug? Yes No If yes, please explain.

7. 지원자 혹은 그 배우자가 담배나 알콜, 혹은 마약을 사용하는가? 있다면 설명하라

8. Has the applicant or spouse/fiancé(e) ever been arrested for any reason? Yes No If yes, please explain.

8. 지원자 혹은 그 배우자가 어떤 이유로든 체포된 적이 있는가? 있다면 설명하라.

9. Does the applicant have any habits that might hinder them from an effective ministry? Yes No If yes, please explain.

9. 지원자에게 효과적인 목회에 방해가 되는 어떤 습관이 있는가? 있다면 설명하라

10. Has the applicant, in the past or at present, exhibited any sexual behavior that would be unbecoming of a minister?

Yes No If yes, please explain.

10. 지원자가 과거나 현재에 목회자에게 합당하지 않은 성적 행동을 보인적이 있는가? 있다면 설명하라.

11. Has the applicant ever been divorced? Yes No

11. 지원자가 이혼한 적이 있는가?

12. Has the applicant's spouse/fiancé(e) ever been divorced? Yes No

12. 지원자의 배우자나 정혼자가 이혼한 적이 있는가?

13. Are you aware of any problems, in the past or present of the applicant or spouse/fiancé(e) that could affect his or her training for ministry? Yes No If yes, please explain.

13. 귀하는 지원자나 지원자의 배우자 혹은 정혼자에게 과거나 현재에 목회의 훈련에 영향을 미칠만한 문제들을 알고 있는 것이 있는가? 있다면 설명하라.

귀하는 본 지원자가 뉴올리언스신학대학원에 입학하는 것을 양심적으로 추천하는가?

Do you conscientiously recommend this applicant for ministry training at NOBTS?

Highly Recommend

Recommend with reservation

Recommend

Cannot Recommend

전적으로 추천

유보적 추천

추천

추천할 수 없음

(Office use only)

NOBTS ID _____



Mail to: **New Orleans Baptist Theological Seminary**
 1800 Satellite Blvd., Duluth, GA 30097
 Phone: 470-655-0993 Email: kadmin@nobts.edu

지인 추천서도 교회 지도자 확인서와
 동일한 방법으로 작성

Personal Reference

Applicant: Please print in ink or type information in this section and forward the form to the individual making the recommendation.

Name _____
Last First Middle

Address _____

City/State/Zip _____

Phone number _____

Degree program you plan to pursue at NOBTS _____

I hereby waive my rights to have access to this evaluation form, when completed and understand that this confidential recommendation is to be used only in consideration of my application to NOBTS. I also give permission to the individual named in this document as a reference, to release his or her personal information and opinions of me to NOBTS.

I hereby release, discharge, and hold harmless NOBTS, its agents or representatives, and the individual named in this document as a reference from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such personal information and opinions.

Signature _____ Date _____

To the Recommender: Thank you for taking the time to give your honest evaluation of this applicant. This will help our Admissions Council understand the applicant's potential for ministry. Please note if you feel you cannot adequately answer the questions just sign the form and return to the address at the top of the form. You may speak with the NOBTS by calling the number at the top of the form.
When completed please mail directly to the address above.

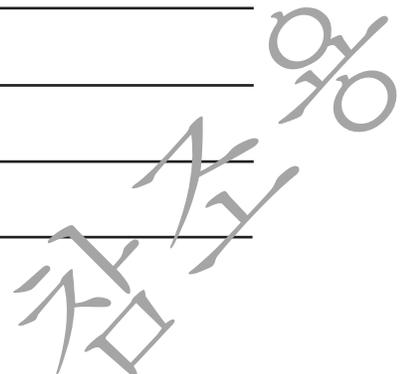
Name of recommender _____

Position or title _____

Address _____

City/State/Zip _____ Telephone _____

Signature _____ Date _____



Evaluation

1. How long have you know the applicant? _____ In what capacity? _____
2. What are the applicant's great strengths? _____
3. What are the applicant's weaknesses? _____
4. How well do you think the applicant has thought through his/her plans for ministry training?
 Very thoroughly, examined all options Not sure: should think through his/her plans more Other

Explain _____

5. Does the applicant evidence a "divine call" to ministry? Yes No

If yes, what area of ministry do you believe he/she has been called? _____

6. Please evaluate the applicant on the following by checking the appropriate category.
S-Superior A-Average NI-Needs Improvement NO-Not Observed

<i>QUALIFICATIONS</i>	<i>S</i>	<i>A</i>	<i>NI</i>	<i>NO</i>
Christian character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Denominational soundness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>QUALIFICATIONS</i>	<i>S</i>	<i>A</i>	<i>NI</i>	<i>NO</i>
Oral expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal appearance/neatness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to accomplish tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work well with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Does the applicant or spouse/fiancé(e) use tobacco, alcohol, or any drug? Yes No If yes, please explain.

8. Has the applicant or spouse/fiancé(e) ever been arrested for any reason? Yes No If yes, please explain.

9. Does the applicant have any habits that might hinder them from an effective ministry? Yes No If yes, please explain.

10. Has the applicant, in the past or at present, exhibited any sexual behavior that would be unbecoming of a minister?
 Yes No If yes, please explain.

11. Has the applicant ever been divorced? Yes No

12. Has the applicant's spouse/fiancé(e) ever been divorced? Yes No

13. Are you aware of any problems, in the past or present of the applicant or spouse/fiancé(e) that could affect his or her training for ministry? Yes No If yes, please explain.

Do you conscientiously recommend this applicant for ministry training at NOBTS?
 Highly Recommend *Recommend with reservation* *Recommend* *Cannot Recommend*

(Office use only)
 NOBTS ID _____



Mail to: **New Orleans Baptist Theological Seminary**

1800 Satellite Blvd., Duluth, GA 30097

Phone: 470-655-0993 Email: kadmin@nobts.edu

교수 추천서도 목회 지도자 확인서와
동일한 방법으로 작성

Academic Reference

Applicant: Please print in ink or type information in this section and forward the form to the individual making the recommendation.

Name _____
Last First Middle

Address _____

City/State/Zip _____

Phone number _____

Degree program you plan to pursue at NOBTS _____

I hereby waive my rights to have access to this evaluation form, when completed and understand that this confidential recommendation is to be used only in consideration of my application to NOBTS. I also give permission to the individual named in this document as a reference, to release his or her personal information and opinions of me to NOBTS.

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Signature _____ Date _____

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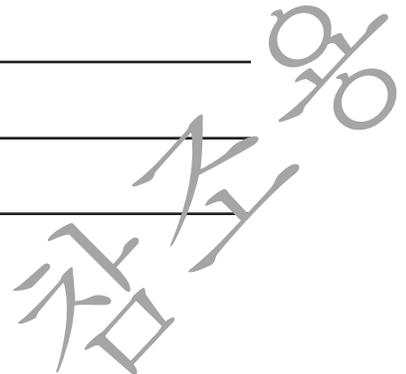
Name of recommender _____

Position or title _____

Address _____

City/State/Zip _____ Telephone _____

Signature _____ Date _____



Evaluation

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Denominational soundness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>QUALIFICATIONS</i>	<i>S</i>	<i>A</i>	<i>NI</i>	<i>NO</i>
Oral expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal appearance/neatness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to accomplish tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work well with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. Has the applicant or spouse/fiancé(e) ever been arrested for any reason? Yes No If yes, please explain.

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10. Has the applicant, in the past or at present, exhibited any sexual behavior that would be unbecoming of a minister?
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11. Has the applicant ever been divorced? Yes No

12. Has the applicant's spouse/fiancé(e) ever been divorced? Yes No

13. Are you aware of any problems, in the past or present of the applicant or spouse/fiancé(e) that could affect his or her training for ministry? Yes No If yes, please explain.

Do you conscientiously recommend this applicant for ministry training at NOBTS?
 Highly Recommend *Recommend with reservation* *Recommend* *Cannot Recommend*

(Office use only)
 NOBTS ID _____

본 확인서도 교회에 의해 작성되어 교회에서 직접 학교 오피스로 보내야 하지만, 편의상 확인서를 봉인하여 전달받아 원서와 함께 제출가능: 그러나 반드시 교회에 의해서 봉인되어야 함



Church Statement of Affirmation 교회 확인서

Last Name: 지원자 성 First Name: 지원자 이름 MI: _____ Date of Birth: 지원자 생년월일
 Applicant Email: 지원자 이메일 주소 Applicant Phone Number: 지원자 전화번호

Return Instructions

For Applicants: 1. Check the box of the program you are pursuing.
2. If document is returned to you, upload a scan/photo of the document to your application portal, or fax/mail.

For Churches: Please either return the form to the applicant, or fax/mail the completed form to the location selected by the applicant.

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Leavell College
Leavell College Admissions
P.O. Box 285
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8453
leavelladmissions@nobts.edu | <input type="checkbox"/> Graduate Program
NOBTS Grad Admissions
P.O. Box 285
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8453
gradadmissions@nobts.edu | <input type="checkbox"/> Professional Doctorate
NOBTS ProDoc Admissions
P.O. Box 220
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8170
prodocasst@nobts.edu | <input type="checkbox"/> Research Doctorate
NOBTS ReDoc Admissions
P.O. Box 286
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8039
phd@nobts.edu |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Instructions for Church Officials

The purpose of this form is to give evidence that the above applicant is a member in good standing with a local body of believers and that this body affirms both the applicant's desire for theological training and call to ministry. Because churches have differing governmental procedures, church officials must determine how best to represent the church's affirmation of the applicant. At minimum, the signatures of three church officials are required on this document. Alternatively, church officials may choose to discuss and/or vote on this matter in an open forum or business meeting.

Church Name 교회이름 City/State 도시, 주
 Denomination 교회 소속 교단

Please Note: A church is Southern Baptist if it meets the criteria set out in Article III. Composition of the SBC Constitution.

Is the applicant a current member of your church? Yes No 지원자가 현재 교회의 사역자 또는 등록교인입니까?
 Date applicant became a member of your church (m/y) _____ 지원자가 현재 교회의 사역을 시작하거나 등록한 월/년도 기재

Church Affirmation

Having evidence that the above applicant to Leavell College/NOBTS is an individual who

- is committed to Jesus Christ
- evidences a call to ministry
- has a high degree of moral integrity
- is emotionally stable so as to be able to fill leadership responsibilities in church life
- shows capacity for theological and ministerial study

we recommend the applicant for admission into Leavell College/NOBTS and pledge our prayerful support during this time of training.

If Affirmed by Church Officials (Two required): 교회의 직원이 확인하는 경우, 2명의 서명 필요

Signature 서명 Printed Name 이름 Title/Role 직함 Date 날짜

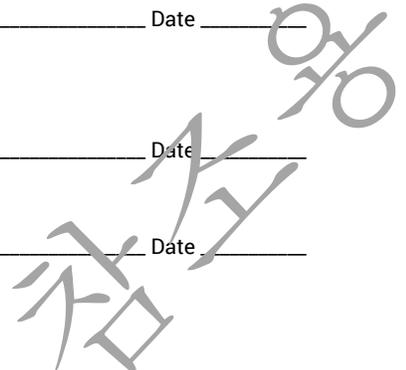
Signature _____ Printed Name _____ Title/Role _____ Date _____

If Affirmed by Vote:
Meeting Moderator

Signature _____ Printed Name _____ Title/Role _____ Date _____

Meeting Clerk/Secretary

Signature _____ Printed Name _____ Title/Role _____ Date _____





Health Statement 건강확인서

Last Name: 지원자 성 First Name: 지원자 이름 MI: _____ Date of Birth: 지원자 생년월일
Applicant Email: 지원자 이메일 주소 Applicant Phone Number: 지원자 전화번호

Return Instructions

**For Applicants: 1. Check the box of the program you are pursuing.
2. Complete form, save changes, and upload to your application portal. Or print, fill, scan, and email/fax to the correct office.**

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Leavell College
Leavell College Admissions
P.O. Box 285
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8453 | <input type="checkbox"/> Graduate Program
NOBTS Grad Admissions
P.O. Box 285
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8453 | <input type="checkbox"/> Professional Doctorate
NOBTS ProDoc Admissions
P.O. Box 220
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8170 | <input type="checkbox"/> Research Doctorate
NOBTS ReDoc Admissions
P.O. Box 286
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8039 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Applicant Health Statement

NOTE TO APPLICANT

The theological education and ministry preparation provided at NOBTS and Leavell College require strenuous work on the part of our students. In addition, many of our students work and/or serve in ministries which add additional physical and emotional strains. In order to ensure our applicants are prepared to carry this load, we require the following information and assent.

APPLICANT INFORMATION

1. Are you aware of any physical health issues which could affect your ability to study or could be negatively impacted by intensive study?

학업에 영향을 미치거나 집중학습으로 인해 부정적인 영향을 받을 수 있는 신체건강의 문제가 있습니까?

2. Are there any additional health concerns you wish to disclose to the institution? If so, please provide details below.

학교에 공개하고 싶은 추가 건강 문제가 있습니까? 그렇다면 아래에 세부 정보를 제공하십시오.

나는 집중적인 연구에 내재된 위험을 이해합니다. 나는 내 개인의 건강을 살피고 내 건강이 악화되기 시작하면 의사의 진료를 받을 것입니다.

동의합니다./거부합니다.

STATEMENT OF CONSENT

I understand the risk inherent with intensive studies. I will monitor my personal health and seek medical attention should my health begin to suffer.

- Agree Disagree

