



# Houston Graduate School of Theology

*Evangelical, Multicultural, and Ecumenical*

Admissions Office, Doctor of Ministry Program  
4300-C West Bellfort  
Houston, TX 77035  
713-942-9505 (phone) 713-942-9506 (fax)

<b>APPLICATION FOR ADMISSION</b> Doctor of Ministry Program
<input type="checkbox"/> Non-refundable application fee submitted Date application fee received: ____/____/____
<b>For Office Use Only</b>

**Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Application, official transcripts, three references, answers to admission questions, endorsement, and admission interview should be completed at least 30 days prior to date of expected enrollment

## PERSONAL INFORMATION

Rev.  Mr.  Mrs.  Ms.  Military Rank and Branch (if applicable) \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Gender  Male  Female

Preferred Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Current Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

### Permanent Address (if different from above)

Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

### Prominent Ethnic Background (Optional)

*Providing this information is voluntary.* The information you choose to provide will be used in a nondiscriminatory manner, consistent with applicable civil rights laws, solely for required reporting under federal and/or state laws.

African-American/Black,  Non-Hispanic;  Native-American/Alaskan Native;  Asian-American/Pacific Islander;

White, Non-Hispanic;  Hispanic;  Multiethnic;  Other \_\_\_\_\_

### Citizenship and Language Proficiency

Are you a citizen of the United States?  Yes  No

If not, are you a permanent legal resident of the United States?  Yes  No

If neither a citizen nor permanent legal resident, please provide the following information: \_\_\_\_\_  
Country of Citizenship

### Current Visa Type/Status

F-1 at \_\_\_\_\_  
Name of Institution City and State

Other: \_\_\_\_\_

Primary Language:  English  Other than English. Please indicate \_\_\_\_\_

TOEFL Score: Computer-based \_\_\_\_\_ Internet-based \_\_\_\_\_ or Paper-based \_\_\_\_\_ Date taken \_\_\_\_\_

.....  
**Military Chaplain Applicants**

Ministerial status (if applicable):  Commissioned  Licensed  Ordained/Recorded

Name of body granting this status: \_\_\_\_\_

Military Status:  Active Duty  Retired  Other \_\_\_\_\_

Name and address of Commanding Officer: \_\_\_\_\_

.....  
**Pastoral Applicants** (*military chaplains who currently pastor a church should complete appropriate questions in this section*)

Name of church: \_\_\_\_\_

Present ministry position: \_\_\_\_\_ Length of time at this position: \_\_\_\_\_

Full-time  Part-time  Volunteer

Church Address: \_\_\_\_\_

Church Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Website: \_\_\_\_\_

Denomination \_\_\_\_\_

Ministerial status (if applicable):  Commissioned  Licensed  Ordained/Recorded

Name of body granting this status: \_\_\_\_\_

.....  
Will you receive financial support for your education from your denomination, congregation, or VA Benefits?

*\*\*Students who plan to use VA benefits must submit a copy of their DD-214 and military transcripts*

Yes  No Please designate amount \$ \_\_\_\_\_ and source \_\_\_\_\_

Will you apply for a federal student loan to help with tuition costs?  Yes  No

If so, have you filed a FAFSA online?  Yes  No Current amount of student loan debt: \$ \_\_\_\_\_

.....  
**Past Ministerial Experience**

List below place, name of position, and years of ministry:

a. Place: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_

b. Place: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_

c. Place: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_

**Educational Background** .....

List below all schools attended after high school.

- a. Institution: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_
- b. Institution: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_
- c. Institution: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_
- d. Institution: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_
- e. Institution: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_

*Please have all official transcripts forwarded by college and university registrars to:*

Admissions Office, Doctor of Ministry Program  
Houston Graduate School of Theology  
4300-C West Bellfort  
Houston, TX 77035

**Personal References** .....

Please name the person in each category from whom we can expect to receive a recommendation form.

- a. Denominational Supervisor

Name: \_\_\_\_\_ Position: \_\_\_\_\_

- b. Ministry Colleague

Name: \_\_\_\_\_ Position: \_\_\_\_\_

- c. Personal Reference

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Personal Health** .....

Describe your physical health and include any special dietary or mobility needs.

Is there any current physical condition or item in your personal or family medical history that would preclude theological studies or make them difficult?  Yes  No

Please explain.

If you have ever been convicted of a felony, please explain on a separate sheet.

Nonrefundable \$100 application fee will be payable by check or online ([www.hgst.edu/online-payments](http://www.hgst.edu/online-payments)) when application is submitted. The application will not be processed until payment is received.

I certify that all information on this application is true and accurate to the best of my knowledge.

Applicant's Signature

Date

**INSTRUCTIONS FOR COMPLETING THE ADMISSIONS PROCESS**

All documents must be submitted in English

*The complete file, including the Doctor of Ministry Application Form, church or military endorsement, three reference forms, answers to admission questions, and official transcripts should be sent to the DMin Office at least one month prior to the beginning of a term. Student notification of admission to the DMin Program will be mailed after completion of all application procedures. The answers to admission questions are to be typed, double-spaced, in English, and written in academic style.*

***Houston Graduate School of Theology does not discriminate on the basis of color, sex, race, national or ethnic origin, or handicapped conditions in any of its policies, practices, or procedures.***

**Please send this form and admissions materials to:**

Admissions Office, Doctor of Ministry Program  
Houston Graduate School of Theology  
4300-C West Bellfort  
Houston, TX 77035

*Completed applications may also be emailed to [admissions@hgst.edu](mailto:admissions@hgst.edu)*

**Contact information:**

Dr. Becky Towne  
Associate Dean/Director, Doctor of Ministry Program  
[btowne@hgst.edu](mailto:btowne@hgst.edu)  
[www.hgst.edu](http://www.hgst.edu)

Office use only:

Application received \_\_\_\_/\_\_\_\_/\_\_\_\_

Transcript 1 received \_\_\_\_/\_\_\_\_/\_\_\_\_

DMin questions/answers received \_\_\_\_/\_\_\_\_/\_\_\_\_

Transcript 2 received \_\_\_\_/\_\_\_\_/\_\_\_\_

Reference 1 received \_\_\_\_/\_\_\_\_/\_\_\_\_

Transcript 3 received \_\_\_\_/\_\_\_\_/\_\_\_\_

Reference 2 received \_\_\_\_/\_\_\_\_/\_\_\_\_

Other \_\_\_\_\_

Reference 3 received \_\_\_\_/\_\_\_\_/\_\_\_\_

Church Endorsement \_\_\_\_/\_\_\_\_/\_\_\_\_

Admissions file complete \_\_\_\_/\_\_\_\_/\_\_\_\_

Presented to Oversight Committee \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Acceptance

Provisional Acceptance

Acceptance Letter Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Rejected

Placed on waiting list due to Exception Rule until \_\_\_\_/\_\_\_\_/\_\_\_\_

Comment:

Signature \_\_\_\_\_

Associate Dean/Director, Doctor of Ministry Program

Date

Date Entered Program \_\_\_\_/\_\_\_\_/\_\_\_\_