

Detroit Baptist Theological Seminary
Student Application

4801 Allen Rd.
Allen Park, MI 48101

1. Name _____ Sex _____
Last First Middle

2. Mailing Address _____
Number & Street City State Zip

3. E-Mail Address _____

4. Telephone (_____) _____ Social Security Number _____

5. Birthday _____ Birthplace _____ Citizenship _____

6. Single? ____ Married? ____ Have you or your spouse been divorced? ____ (If yes, provide a short explanation on a separate sheet.)

Spouse's Name _____
First Middle

Number & ages of children _____

7. Do you have a physical, mental, or emotional problem which could affect your educational pursuits and which we should know about in order to be of help? _____
If yes, please explain on a separate sheet.

8. Do you know Christ as personal Savior? ____ When were you saved? _____

9. Name of church of which you are a member _____

Address _____

Church's Ecclesiastical Affiliation _____

10. Do you use tobacco? _____ Intoxicants? _____ Narcotics? _____

11. List all schools attended after high school (include college, Bible institute, or seminary). A transcript from each one is required. You may use the forms provided to request them. Audit students may omit this question.

<i>Name</i>	<i>Dates of Attendance</i>	<i>Major</i>	<i>Degree</i>
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Have you ever been refused admission by a seminary or theological school? _____
If yes, please explain on a separate sheet.

12. When you plan to enroll: Fall Spring Summer Year _____

13. Give names and complete addresses of three (two for audit students) adults (not related to you) who know you well, including, if possible, a college or seminary professor, a business person, and your pastor. Give the reference forms to each person listed below.

(1) Name _____

Address _____

(2) Name _____

Address _____

(3) Name _____

Address _____

14. Check the course of study you intend to pursue.

M.Div. Th.M. Three-Year Certificate Audit

(See the current catalog for the requirements and description of each of these programs)

15. Please sign below if you have read and are in full agreement with the Seminary Creed.
By signing you also agree to abide by all rules and regulations of Detroit Baptist Theological Seminary.

_____ Date

_____ Signature

ADMISSIONS COMMITTEE DECISION

<i>Approve</i>	<i>Disapprove</i>	<i>Initials</i>	<i>Date</i>	<i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

Detroit Baptist Theological Seminary

My Personal Testimony

(Please Type)

Name _____ Date _____

Prepare this biographical sketch carefully, using both sides of the sheet. Please include the following areas of information (approximately 300 words):

1. The circumstances surrounding your conversion.
2. Your call to the ministry or other vocational Christian work.
3. Your experiences in Christian service such as personal evangelism, teaching, and preaching.
4. Your reasons for wanting to attend seminary.

Detroit Baptist Theological Seminary Reference Form

Please return to: Registrar
 Detroit Baptist Theological Seminary
 4801 Allen Road
 Allen Park, MI 48101

Name of Applicant _____
Last First Middle

Applicant's Address _____

To the Applicant: Print your name and address on the lines above. Then give the form to the individual you wish to be your reference. You should provide a stamped envelope addressed to the Registrar for the person filling out the reference form.

To the Reference: The applicant has given your name as a reference. Your honest estimate of this applicant's fitness for pursuing graduate study at the master's level is greatly appreciated and will be treated as confidential. Please indicate your associations or contacts with the applicant which serve as the basis for your impressions of him or her as a prospective student.

- I am not in a position to express an opinion.
- I have had only casual contact.
- I have known the applicant for _____ years.
- I have observed the applicant's service as friend employer pastor
- instructor advisor other _____

Please indicate your opinion of the applicant with regard to the trait mentioned by checking a number: 1 = not able to judge; 2 = poor; 3 = average; 4 = good; 5 = excellent

		1	2	3	4	5
1. Clarity of Goals						
a. Demonstrates clear-cut and worthy ministerial goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has a clear sense of direction in pursuit of goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the support of his or her spouse. (not married <input type="checkbox"/>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Industry						
a. Demonstrates the effort necessary to achieve goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expends effort and energy wisely.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to Face Reality						
a. Foresees and faces problems realistically and objectively.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Approaches problems in a constructive manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Accepts well-meant criticism and uses it constructively.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to Think Critically						
a. Shows insight in identifying problems.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Selects and utilizes relevant resources to solve problems.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | 1 | 2 | 3 | 4 | 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. Financial Responsibility | | | | | |
| a. Does not expect others to meet his or her needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Manifests mature financial responsibility. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Interpersonal Relationships | | | | | |
| a. Cooperates willingly and effectively as a group member. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Works well with people of different temperaments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shows an ability to lead when the occasion permits. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Initiative and Creativeness | | | | | |
| a. Reflects originality in approaching problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Recognizes and performs tasks which need to be done. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Spiritual Maturity | | | | | |
| a. Maintains balance and control in difficult circumstances. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Manifests the fruit of the Holy Spirit in conduct. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Sociability or Friendliness | | | | | |
| a. Enjoys being with other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is liked by other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Demonstrates thoughtfulness and concern for others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. General Information | | | | | |
| a. Acceptable in personal appearance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Appears to be in good physical condition. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Represents himself or herself honestly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Mental Ability | | | | | |
| a. Demonstrates mental alertness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Manifests a willingness to receive instruction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Communicative Skills | | | | | |
| a. Speaks clearly and effectively. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Expresses ideas clearly in writing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Interprets accurately and effectively the ideas of others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Does the applicant have any physical, mental, or emotional problems which might hinder his or her studies? _____ If yes, explain _____

What potential do you see for effectiveness in ministry? _____

If this applicant is married, does the spouse support the applicant's goals and would the spouse make a positive contribution to his ministry? _____

If no, explain _____

Please check one:
 Applicant should be accepted Applicant should probably be discouraged
 Applicant should not be accepted

Date _____ Signature _____

Title _____ Institution _____

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b. Has a clear sense of direction in pursuit of goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the support of his or her spouse. (not married <input type="checkbox"/>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Industry						
a. Demonstrates the effort necessary to achieve goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expends effort and energy wisely.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to Face Reality						
a. Foresees and faces problems realistically and objectively.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Approaches problems in a constructive manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Accepts well-meant criticism and uses it constructively.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to Think Critically						
a. Shows insight in identifying problems.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Selects and utilizes relevant resources to solve problems.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5. Financial Responsibility					
a. Does not expect others to meet his or her needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Manifests mature financial responsibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Interpersonal Relationships					
a. Cooperates willingly and effectively as a group member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Works well with people of different temperaments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shows an ability to lead when the occasion permits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Initiative and Creativeness					
a. Reflects originality in approaching problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Recognizes and performs tasks which need to be done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Spiritual Maturity					
a. Maintains balance and control in difficult circumstances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Manifests the fruit of the Holy Spirit in conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sociability or Friendliness					
a. Enjoys being with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is liked by other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates thoughtfulness and concern for others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. General Information					
a. Acceptable in personal appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Appears to be in good physical condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Represents himself or herself honestly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Mental Ability					
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12. Communicative Skills					
a. Speaks clearly and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expresses ideas clearly in writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Does the applicant have any physical, mental, or emotional problems which might hinder his or her studies? _____ If yes, explain _____

What potential do you see for effectiveness in ministry? _____

If this applicant is married, does the spouse support the applicant's goals and would the spouse make a positive contribution to his ministry? _____

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Please check one:
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|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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| 2. Industry | | | | | | |
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- | | 1 | 2 | 3 | 4 | 5 |
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| c. Represents himself or herself honestly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Mental Ability | | | | | |
| a. Demonstrates mental alertness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Manifests a willingness to receive instruction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Communicative Skills | | | | | |
| a. Speaks clearly and effectively. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Expresses ideas clearly in writing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Does the applicant have any physical, mental, or emotional problems which might hinder his or her studies? _____ If yes, explain _____

What potential do you see for effectiveness in ministry? _____

If this applicant is married, does the spouse support the applicant's goals and would the spouse make a positive contribution to his ministry? _____

If no, explain _____

Please check one:
 Applicant should be accepted Applicant should probably be discouraged
 Applicant should not be accepted

Date _____ Signature _____

Title _____ Institution _____

**Detroit Baptist Theological Seminary
Transcript Request Form**

To the Registrar of:

I hereby request a copy of my transcript be sent directly to:

Registrar
Detroit Baptist Theological Seminary
4801 Allen Road
Allen Park, MI 48101

Signature _____ Date _____

Personal Data:

Name _____

Address _____

Social Security Number _____

Year(s) attended _____

Other name used (if applicable) _____

Registrar, please contact me at the above address if there is a fee owed or with any other complications with my request.

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Registrar, please contact me at the above address if there is a fee owed or with any other complications with my request.

Detroit Baptist Theological Seminary Student's Personal Checklist

Please check that you have completed the following steps which are required for admission:

- Completed and mailed application form to DBTS.
- Completed and mailed personal testimony to DBTS.
- Mailed application fee.
- Requested transcripts be sent to DBTS.
- Requested church letter be sent to DBTS.
- Submitted reference forms to those selected as references.