



DOCTORAL APPLICATION

CONSERVATIVE THEOLOGICAL UNIVERSITY APPLICATION FOR ADMISSION DOCTORAL PROGRAM

INSTRUCTIONS:

This application should be filled out completely and personally by the applicant and mailed to Director of Admissions, Conservative Theological University, 12021 Old St. Augustine Road, Jacksonville FL 32258, accompanied by a \$25.00 non-refundable application fee. Other forms and transcripts may be sent separately. An initial registration fee of \$75.00 and a \$30.00 semester fee will be due also.

Please enclose a small recent photo of yourself. A close up of head and shoulders is preferred. This picture should have been taken within recent months.

APPLICATION:

1. Date: _____ When do you desire to enter the doctoral program?

Summer (application deadline: January 15th) _____ Year

Fall (application deadline: June 15th) _____ Year

Spring (application deadline: October 15th) _____ Year

2. Doctoral program applying for: DMin ThD. Ph.D. EdD. J.E.D.

3. Name: (Mr. Mrs. Miss. Ms. Rev. Dr.) _____

Home address: _____

City _____ State _____ Zip _____ Country _____

Telephone: Home (_____) _____ Work (_____) _____

Social Security Number _____ E-Mail _____

4. Are you an alumnus or former student of Conservative Theological University?

Yes, what year _____?

No

5. Your present age _____ Date of birth _____ Ethnic origin _____

Place of birth _____ Country of citizenship _____



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6. Marital Status: Single Married Separated Widowed Divorced Ever Divorced

If married, give spouse's name _____

Date of marriage _____ Ages of children _____

Spouse ever divorced? Yes No

NOTE: If you or your spouse have ever been separated or divorced, attach a statement giving details.

7. Give names and complete addresses of three persons who know you well, including a university professor and the chairman of your board, chairman of deacons, or other executive of your organization.

Name _____ Address _____

Organization _____

Name _____ Address _____

Organization _____

Name _____ Address _____

Organization _____

8. List all schools attended beyond high school..

NAME OF INSTITUTION	DATE ATTENDED	MAJOR	DIPLMA/DEGREE	YEAR DEGREE RECIEVED	GPA



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9. Of what local church are you a member? (Give name and location.)

With what ecclesiastical body is this church affiliated?

Are you ordained? ____ Yes ____ No

By whom and when?

NOTE: Please request a letter from the official board of your church and/or the organization you serve, to the university's admissions office stating that you are endorsed by them as a prospective student for the Doctoral degree program.

10. Are you in good health? ____ Yes ____ No

Do you have any physical disabilities or limitations, such as blindness, deafness, speech problems?

Yes

No

11. What is your practice regarding the use of alcoholic beverages and tobacco?

12. When did you accept Jesus Christ as your Savior? _____

13. What is your present ministry? (Give position, church or organization, and address.)

14. What do you think are your spiritual gifts and why?



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15. Please read the doctrinal statement of the university and respond to the following questions.

Are you in agreement with the system of doctrine expressed therein? Yes No

Are there areas of disagreement? Yes No

If yes, state which areas.

Are there areas in which you have not formed an opinion? Yes No

If yes, which ones?

Do you adhere to the following doctrines?

The Trinity; the full Deity and humanity of Christ; the spiritual lostness of the human race; the substitutionary atonement and bodily resurrection of Christ; Salvation by faith alone; the physical return of Christ; and the authority, inerrancy and infallibility of Scripture? Yes No

If not, add comment:

16. What books or articles have you had published?



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17. Of what profession, societies or associations are you a member?

18. What foreign countries have you visited?

19. What special honors have you received?

20. On separate sheets of paper write in detail your answers to these questions.

- (a) What has your ministerial experience included? (Include year in each ministry.)
- (b) What are the indications of growth in your ministry?
- (c) What is your philosophy of ministry?
- (d) What are your future vocational goals?
- (e) Why are you interested in the Doctoral program?

Signature of applicant _____ Date _____

I certify that the information provided to Conservative Theological University is accurate and truthful and that I have read the Conservative Theological University catalog and understand the regulations governing Conservative Theological University. I am in agreement with the policies and standards of Conservative Theological University and am willing to uphold them and live by them if I am accepted as a student at Conservative Theological University. I further acknowledge that no other representations have been made to me in writing, electronically, or orally other than what is stated in the Conservative Theological University catalog.

Department of Admissions
Conservative Theological University
12021 Old St. Augustine Rd
Jacksonville, FL 32258