

APPLICATION FOR ADMISSION TO THE ThM/DMin/PhD program in PEACE STUDIES

Please Return to the Office of Admissions

| FOR OFFIC Date Received References in Reference Transcripts in Transcripts Biographical Essay Acader Doctrinal Survey Statema Proof of English OK (D TOE Medical Form Sponsorship Form: | s remaining remaining □Orig nic Paper ent of Faith FL □ EPT □ Verif | ication) | | Please attach your latest 5 cm x 5 cm (2 in. x 2 in.) photograph here. A close-up of head and shoulders is preferred. |
|---|---|-------------------|------------------|--|
| | | | | |
| Title: 🗖 Mr. 🗖 Mrs. | □ Miss □ Rev | . 🗖 Bisho | op 🗖 Oth | er |
| Name | | | | |
| Name LAST (FA | MILY) | , | FIRST (GIVEN) | MIDDLE |
| Present Mailing Address | | | | |
| C C | NUMBER | STREET | | |
| | CITY | STATE | POSTAL CC | DDE COUNTRY |
| Permanent Address | | | | |
| (if different) | NUMBER | | STREET | |
| | CITY | STATE | POSTAL CO | DDE COUNTRY |
| Phone/Fax Number(s)* _ *Foreign and provincial a | | e correct area co | E-mail Address _ | |
| Cell Phone Number(s) | | | | |
| Date of Birth | Gende | r | Citizenship | |

Year You Hope To Enter: 20_____ This program runs on the cohort system - taking in participants to form a group that will begin the program together. New participants will be admitted only for a new cohort. We are beginning a new cohort in 2019 (work starts in February, classes in July). It is not clear at this point when a new cohort will begin after that: either after the 2019 cohort has finished all core classes in 2022, or after that in 2023.

Present Ministry Position: Ministry Name

| | Ministry Name: | | | | | |
|------|--|---|--------------------------------|----------------------------------|--|--|
| | Title/Position: | Years in that Position: | | | | |
| | Responsibility (describe the ministries and/or other peo | | | | | |
| | | | | | | |
| ocal | Church Affiliation (if different than above) | | | | | |
| N | lame & address of current church | | | | | |
| D | Denomination of present church | How long have you b | een at this c | hurch? | | |
| Y | our denominational preference | | | | | |
| revi | ious Christian Ministry Experience (Full o | r part time, supported/paid positions - Church Parachurch staff, Missionary, etc. <u>Begir</u> | n Minister, C n with the mo | hristian Worker, ost recent.) | | |
| 1. | Church/Organization | Title/Position | | | | |
| | Responsibilities | | From | То | | |
| 2. | Church/Organization | Title/Position _ | | | | |
| | Responsibilities | | From | To | | |
| 3. | Church/Organization | Title/Position | | | | |
| | Responsibilities | | From | То | | |
| 4. | Church/Organization | Title/Position | | | | |
| | Responsibilities | | From | To | | |
| 5. | Church/Organization | Title/Position _ | | | | |
| | Responsibilities | | From | To | | |
| 6. | Church/Organization | Title/Position _ | | | | |
| | Responsibilities | | From | То | | |
| 7. | Church/Organization | Title/Position _ | | | | |
| | Responsibilities | | From | To | | |
| on-I | Ministry Employment (Please give employment | history beginning with the most recent.) | | | | |
| 1. | Employer | Title/Position | | | | |
| | Responsibilities | | From | To | | |
| 2. | Employer | Title/Position | · . <u></u> | | | |
| | Responsibilities | | From | То | | |
| 3. | Employer | Title/Position | · . <u></u> | | | |
| | Responsibilities | | From | То | | |
| 4. | Employer | Title/Position | | | | |
| | | | | То | | |

Academic Background

* **Transcripts** Please request transcripts be sent by each school directly to the Office of Admissions of the International Graduate School of Leadership. See the address on the Application for Admission Instructions.

List your academic qualifications:

| Name of Degree/Certificate/ Diploma received | Major | Name and location of College, University, Seminary | Date of Completion (or dates of attendance) | GPA (Class or Division) | | | |
|---|---|---|---|-------------------------------|--|--|--|
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| - | - | n Academic Probation for any reason? 🗖 Yes 🕻 | | | | | |
| • • | | | | | | | |
| Special honors conferred | d | | | | | | |
| Have you applied or are you applying to any other seminary, graduate or professional school? 🛛 Yes 🗖 No | | | | | | | |
| If yes, where? | | | | | | | |
| Have you ever been den | Have you ever been denied admission or been dismissed from any seminary or graduate school? | | | | | | |

| If yes, explain | | |
|--|------------|---|
| Are you currently in a degree program at any school? | 🗖 Yes 🗖 No | If yes, what school, degree program and major |

| are you pursuing? | |
|-------------------------------|--|
| When do you expect to finish? | |

If your GPA in your M.Div. or M.A. was less than B+ (3.3 on a 1-4 scale, 4.0 high) but you don't feel that reflects your potential today, explain

Degree Preference I am most interested in the \Box ThM \Box DMin \Box PhD (Please understand, if accepted into the joint program, we will guide you to complete the degree that best matches your previous academic degrees, calling, and competencies.)

Professional

1. Are you certified by any other programs to provide mediation/arbitration services? \Box Yes \Box No

If yes, please list certifications and certifying organization:

- 2. Please check/tick areas of conflict resolution in which you have particular interest or expertise (choose all that apply).
 - □ Reconciling interpersonal conflict
 - □ Reconciling marriage/family conflict
 - □ Intervening in church conflict
 - □ Intervening in ministry/organizational conflict
 - □ Legal mediation & arbitration

- □ Intervening in community conflict
- □ Intervening in inter-community conflict
- □ Intervening in inter-religious conflict
- Peacemaking and counseling
- □ Peacemaking and community development

3. Please describe all training/experience you have in conflict resolution, including specialized training (if additional space is needed, please include on another page)

| | | From | То |
|----|-----------------------------|------|----|
| b. | Type of Training/Experience | | |
| | | From | То |
| c. | Type of Training/Experience | | |
| | | From | То |

References

Print or type names and complete addresses of four persons who know you well. SELECT: # 1) ministry leader who has a position over you (e.g., a denominational official or board member; may be your pastor), # 2 & 3) two ministry peers at a level of responsibility similar to yours, and # 4) academic leader that knows your scholastic ability. At least two of these must be from outside your organization/ministry. Do not use any relatives or people under your leadership as references. Prepare a reference form for each person, adding your name, waiver authorization & signature. Give out the forms & have them scan and email to Karl Dortzbach. Once confirmed the form is received by email, they should mail it directly to the Office of Admissions, IGSL.

| 1. | | | | |
|----|------|----------------------------------|--------|---------------------------------------|
| | NAME | ADDRESS (INCLUDING POSTAL CODE) | E-MAIL | RELATIONSHIP /POSITION (#1,2,3, or 4) |
| | | | | |
| 2. | | | | |
| | NAME | ADDRESS (INCLUDING POSTAL CODE) | E-MAIL | RELATIONSHIP /POSITION (#1,2,3, or 4) |
| | | | | |
| 2 | | | | |
| 3. | | | | |
| | NAME | ADDRESS (INCLUDING POSTAL CODE) | E-MAIL | RELATIONSHIP /POSITION (#1,2,3, or 4) |
| | | | | |
| 4. | | | | |
| | NAME | ADDRESS (INCLUDING POSTAL CODE) | E-MAIL | RELATIONSHIP /POSITION (#1,2,3, or 4) |
| | | | | |

□ I hereby *waive* my right of access to these references, and authorize the above listed persons to provide a candid evaluation and all relevant information to IGSL.

□ I do not waive my right of access to these references. I do, however, authorize the above listed persons to provide a candid evaluation and all relevant information to IGSL.

Marital/Family Status

| | □ Single □ Married | □ Separated | Ever Divorced? | □Yes | □ No □ | J Remarri | ed? | |
|----|---|--------------------|-----------------------------|-------|-----------|------------------|----------------|----------|
| | Spouse's Name | | Date of Marriage | | Spouse ev | er divorce | ed? 🗖 Yes | 🗖 No |
| | Names and ages of dep | endents at home: | : | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Is your spouse in agre | ement with you | r plans to pursue a doctora | te? 🗖 | Yes 🗖 No | Sign: _ | | |
| Pe | rsonal | - | | | | - | Signature o | f Spouse |
| 1. | Do you know Jesus Chri | ist as your persor | nal Lord and Savior? | | When were | you saved | l (born again) | ? |
| 2. | 2. Do you believe that the Lord has called you into full-time vocational Christian service? □ Yes □ No □ Uncertain (Please describe your salvation experience and call to ministry in your "Biographical Information Essay.") | | | | | | | |

| 3. | Why are you interested in pursuing this degree? | | | | | | |
|--------------------------------|---|---|--|--|--|--|--|
| 4. | Are you pursuing this doctoral degree as preparation for a new m | ninistry role? | Yes 🗖 No | | | | |
| | If so, what is that expected role? | | | | | | |
| 5. | - | | | | | | |
| | Are you in general agreement with the doctrinal statements expressed herein? | | | | | | |
| | Are there areas of disagreement? \Box Yes \Box No If <u>yes</u> , list the | doctrines here, but expl | ain on the Statement c | of Faith sheet. | | | |
| Fin | ancial Sources – How will you pay for tuition, books, room, Use the "Sponsorship Commitment Form" | | | our sponsor(s). | | | |
| | □ I will be supported by (name and address) | | | | | | |
| | □ Other Sources: | | | | | | |
| Dec | ision to Apply | | | | | | |
| | What factors encouraged you to consider the applying to this degr | ree program? (Please ch | neck/tick all that apply | r.) | | | |
| | Leadership of my school or ministry OCI or ATA information/contact AGST or IGSL faculty or alumni contact AGST/IGSL brochure, catalog or other material Other | □ AGST or IGSL w | IGSL representative a veb site stry training or materi | | | | |
| V | Who do you think has most influenced your decision to apply to t | his program? (e.g. fron | n the above list or othe | r) | | | |
| | | OVER L | | | | | |
| | FULL NAME POSITION/RELATIONSHIP TO YOU reement | CITY | STATE/PROVINCE | Email Address | | | |
| I am I pro I wil requ | completing this application process honestly, accurately to the bound of the bound | d to the International C afully and diligently app et all financial and othe | Graduate School of Le ly myself to the acade | a dership , mic and ministry | | | |
| | Signature of Applicant | Date | | | | | |
| | -liseret/a Charleliste (| | | | | | |
| | plicant's Checklist: (see also Application Instructions) Reference forms: Your name added, waiver checked, signed, dated? O Transcripts requested from previous schools (beyond high school) to Application form fully completed and signed by you <u>and your spouse</u> 5x5 cm (2x2 in.) recent, colored photo attached to Application Form? Application fee (non-refundable) US\$50 ready to send? (If needed, SEND THE ABOVE MATERIAL FIRST, then send the rest as soo | be sent directly to IGSL O ? , inquire as to means of ser | ffice of Admissions? | Office of Admissions? | | | |
| | Academic paper (4,000+ words, library research based, critical analysis) on a biblical, social/psychological, or peace related topic prepared? Doctrinal Survey completed? Statement of Faith signed, and comments added if needed? Proof of English proficiency - TOEFL; or IELTS; or IGSL English Proficiency Test; or Verification sheet? (See Application Instructions) Medical Form completed? | | | | | | |
| | Please send the above materials to the Admissions Office. please write Dr. Karl Dortzbach, Program Dire | | | eps, | | | |