

# 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)			
-	-	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 □	<b>J</b> 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.)			
	<ul> <li>Leadership of my school or ministry</li> <li>OCI or ATA information/contact</li> <li>AGST or IGSL faculty or alumni contact</li> <li>AGST/IGSL brochure, catalog or other material</li> <li>Other</li> </ul>	□ 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 <b>International C</b> afully and diligently app et all financial and othe	Graduate School of Le ly myself to the acade	a <b>dership</b> , mic and ministry			
	Signature of Applicant	Date					
	-liseret/a Charleliste (						
	<b>plicant's Checklist:</b> (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?			
	<ul> <li>Academic paper (4,000+ words, library research based, critical analysis) on a biblical, social/psychological, or peace related topic prepared?</li> <li>Doctrinal Survey completed?</li> <li>Statement of Faith signed, and comments added if needed?</li> <li>Proof of English proficiency - TOEFL; or IELTS; or IGSL English Proficiency Test; or Verification sheet? (See Application Instructions)</li> <li>Medical Form completed?</li> </ul>						
	Please send the above materials to the Admissions Office. please write Dr. Karl Dortzbach, Program Dire			eps,			