

SECRETARIAT

Doctoral Program Application Form

Please PRINT all information.					
Registration Date://	Credential I	.D. Title: (Missionary L	icense, Ministeri	al License & Ordaine	ed Minister
NAME:					MIDDLI
ADDRESS: Number & Street	Apt#	City	State	Zip	
PHONES: ((()			
SNEC E-Mail Address (REQUIRED):					
Gender: Male Female					
Check off any CHANGES: New Address	☐ New Phone ☐ Ne	ew email 🛮 Or	dained or not	Ordained	
$\hfill \square$ The year since completing the Master in $\hfill \square$	Divinity (Mdiv)	🛚 Years	s of service in S	NEC	
REGISTERING FOR (Please write in academi	c year): Academic	Year 20	- 20		
Check the program year you are registe	ring for:				
General Ministries (English-DMN)	1st Year	2nd Year	3rd Year	Continuing	
General Ministries (Spanish -DMN)	1st Year	2nd Year	3rd Year	Continuing	
General Ministries (Urban-DMN)	1st Year	2nd Year	3rd Year	Continuing	
General Ministries (Family-DMN):	1st Year	2nd Year	3rd Year	Continuing	
Summer Intensive (DMN):	1st Year	2nd Year	3rd Year	Continuing	
STUDENT SIGNATURE:					
*Administration ONLY APPROVALS: Ministerial Department:	AdCom:	Treasury Office:			
NOTES:					

A formal letter requesting enrollment in the Doctor of Ministry or Doctor of Missiology programs must be submitted to the SNEC Secretary and the Ministerial Department for discussion and subsequent approval by the Administrative Committee (AdCom). For further guidance, please consult the North American Division (NAD) Working Policy, specifically section FEA 37 25.