Please prepare the following:

• completed and signed application form;
• $60 application fee paid either by personal check (made payable to “St. Vladimir’s Seminary”) or by credit card (please contact the Student Affairs Administrator, ext. 323);
• a recent photograph (full face, preferably 2 1/2” x 2 1/2”, electronic submissions acceptable);
• copies of your Baptism/Chri smation and Ordination (if applicable) certificate
• personal essay (as outlined on page 6 of the application);
• completed and signed External Review Committee Membership forms (page 8 of the application);
• “Blessing of Hierarch” form and three completed recommendation forms must be sent directly to the seminary by the recommending individuals (recommendation forms may be found appended to this application form);
• official transcripts from each graduate or undergraduate institution you attended must be sent directly to the seminary by the educational institutions;

Once your application had been received you will need to arrange for personal interviews. To arrange your interviews, please contact the Director of Admissions at 914.961.8313 ext. 328 (admissions@svots.edu).

Background Checks
All degree applicants must undergo a criminal background check. Once an applicant has submitted all of the required application material, and the Admissions Committee has acted positively on their application, the Director of Admissions will forward to the provisionally admitted applicant information on how to secure this background check. The cost of the background check is included in the application fee.

International Applicants
In addition to meeting the above requirements, international applicants whose native language is not English must demonstrate proficiency in the English language by taking the Test of English as a Foreign Language (TOEFL). The minimum TOEFL scores (internet-based) required of applicants to DMin program are 104. Upon admittance international applicants must complete the Certification of Financial Support for INS Form I-20 (this form is available online at www.svots.edu in January) and submit the required deposit.
Deadlines
St. Vladimir’s operates a rolling admissions procedure beginning February 1st and ending June 1st. Complete applications received during this period will be acted upon during the month following their receipt.

PLEASE DO NOT STAPLE ANY PART OF YOUR APPLICATION.
PLEASE SUBMIT YOUR APPLICATION ON SINGLE-SIDED SHEETS ONLY.

Please send completed application materials to:
Director of Admissions, St Vladimir’s Seminary, 575 Scarsdale Road, Yonkers, NY 10707
Doctor of Ministry
Application for Admission

I. General Information (Please type or print.)

Legal Name: ___________________________________________________ Gender: ☐ Male ☐ Female

First Middle/Former Last/Family Suffix

Prefer to be called: ___________________________ Former Name: ___________________________

Nickname

Current Mailing Address:_______________________________________________________________

Street Address

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<th>City/Town</th>
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<th>Zip/Postal Code</th>
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Permanent Address (if different): __________________________________________________________

Street Address

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Home Phone: ____________________________ Cell/Other Phone: _____________________________

E-mail Address: _________________________________________________________________

Date of Birth (m/d/y):___________________ Place of Birth: ___________________________________

City/Town State/Province/Country

Citizenship: ☐ USA ☐ Dual citizenship – USA and (please specify other): __________________________

☐ USA Permanent Resident Visa – Citizen of: _______________________________________________

☐ Other citizenship – Please specify country: ______________________________________________

US Social Security Number: _______________________________________________________________

Are you applying for federal financial aid?

☐ Yes ☐ No

Have you previously applied for admission to St Vladimir’s Seminary? ☐ Yes ☐ No

If yes, when? ___________________________ For which program? _____________________________
II. Church Information

Jurisdiction or other affiliation: ______________________________________________________

Former affiliation(s): ______________________________________________________________

Parish: ________________________ Diocese: ________________________

Parish Priest (if applicant is a layperson): ____________________________________________

Parish Address: __________________________________________________________________

Bishop: ________________________________

If Orthodox, date of reception into the Orthodox Church: ________________________________

☐ By Baptism ☐ By Chrismation ☐ Other _____________________________________________

If you have been ordained or tonsured, indicate which order(s), when, where, and by whom:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

III. Educational Background

Applicants to the DMin program must hold the MDiv degree (or 72 graduate semester hours that include a master’s degree representing broad-based work in theology, biblical studies, and the arts of ministry, which includes the supervised practice of ministry). Please list all Colleges, Universities, Seminaries, Graduate Schools or Professional Schools that you have attended. If you do not hold the MDiv degree, please describe your theological master’s degree on a separate sheet.

<table>
<thead>
<tr>
<th>School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree</th>
<th>Date Awarded or Expected</th>
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Honors or Scholastic Achievements: __________________________________________
________________________________________________________________________
________________________________________________________________________

Do your scholastic records accurately represent your academic abilities?
☐ Yes  ☐ No  *(If no, please explain on a separate sheet.)*

Have you been dismissed or denied admission by any other seminaries or graduate schools?
☐ Yes  ☐ No  *(If yes, please explain on a separate sheet.)*

Please list other seminaries or graduate schools to which you are applying: *(Optional)*
________________________________________________________________________
________________________________________________________________________

IV. Language Testing Information
If applicable, please indicate your TOEFL (or IELTS) score below. Please note that official scores must also be submitted directly by the testing agency to St Vladimir’s Seminary. The TOEFL code number for St Vladimir’s Seminary is 2804.

<table>
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<tr>
<th>TOEFL/IELTS</th>
<th>Date Taken</th>
<th>Score</th>
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V. Ministerial Experience
Applicants must have at least three years of experience in ministry subsequent to the first theological degree; and be currently serving in a position of ministry. Please list positions of ministry that you have held, beginning with your current position. Please also include significant unpaid work you have done or volunteer positions you have held, either within the Church or with some other agency (e.g. diocesan officer, missionary experience, etc.). Attach a separate sheet, if desired.

<table>
<thead>
<tr>
<th>Employer, Church, or Agency</th>
<th>Address</th>
<th>Position Held/ Nature of Work</th>
<th>Dates of Service</th>
</tr>
</thead>
</table>
VI. Additional Information

How did you find out about St Vladimir’s Seminary?

☐ Alumnus/alumna  ☐ Parish Priest  ☐ SVS Press Release  ☐ SVS Website

☐ Other ________________________________

Please use the following space to describe any additional skills, accomplishments, or circumstances of which we should be aware as we consider your application:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

VII. Blessing of Hierarch and Recommendation Forms

Please list the names and addresses of your bishop and the three individuals who will complete the recommendation forms. (forms are found at the end of this packet) Please note that relatives should not be listed as references.

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<tr>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
<th>Alumnus/a?</th>
</tr>
</thead>
</table>

Bishop:

________________________________________

Chancellor, Dean or Supervisor:

________________________________________

Instructor or colleague:

________________________________________

Instructor or colleague:
VIII: External Review Committee
Please list the names and addresses of the members of your External Review Committee (ERC). Each member shall also complete the External Review Committee Member Agreement form included in this packet. In some cases, ERC members will also be references.

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<th>Name</th>
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<th>Phone</th>
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<tr>
<td>Bishop, Dean, Chancellor or Supervisor:</td>
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Colleague 1:

Colleague 2:

Constituent 1:

Constituent 2:

Constituent 3:

Constituent 4:

IX. Disciplinary History

1) Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution.

   □ Yes □ No

2) Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? (Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.)

   □ Yes □ No

If you answered “yes” to either of these questions please submit on a separate sheet a brief description and explanation of the incident(s) in question.

X. Personal Essay

Please enclose a short essay (4-6 pages, typed and double-spaced) that answers the following:

1. Describe your current ministry and reflect on the greatest challenges you face in that ministry.
2. Explain why you believe the DMin program will strengthen and enhance your ministry.
3. Provide a brief description of two possible topics for your final project.
XI. Application Checklist

☐ Transcripts; completed “Blessing of Hierarch” form; and three completed recommendation forms from have been requested and will be sent to:
   Director of Admissions, St Vladimir’s Seminary, 575 Scarsdale Road, Yonkers, NY 10707

Please enclose the following with the completed application form:

☐ Seven Completed External Review Committee Membership Agreement Forms
☐ Application fee of $60
☐ Recent photo, full face, preferably 2.5” x 2.5” (passport size). Digital photos may be emailed to admissions@svots.edu.
☐ Copies of certificates of Baptism/Chrismation, and Ordination (if applicable)
☐ Personal Essay

PLEASE DO NOT STAPLE ANY PART OF YOUR APPLICATION. SUBMIT YOUR APPLICATION ON SINGLE-SIDED SHEETS ONLY.

Please send completed application materials to:
   Director of Admissions, St Vladimir’s Seminary, 575 Scarsdale Road, Yonkers, NY 10707

XII. Signature

I have carefully reviewed each section of this application, and I certify that the information I have provided is accurate and complete to the best of my knowledge. I shall promptly amend the foregoing application should there be a change in any of the facts therein and shall notify St. Vladimir’s Seminary Admissions of such changes as they occur.

I understand that St. Vladimir’s Seminary reserves the right to conduct a background check, including, but not restricted to, a police background check. I also acknowledge that St. Vladimir’s Seminary reserves the right to contact any or all of my references and to verify any of the claims made in this application or in the course of the application process.

I understand and agree that any false or misleading information or deliberate omission could be cause for denial of admission, rescission of admission offer, disciplinary action, dismissal, or revocation of degree if discovered at a later date. I agree to abide by the regulations governing academic affairs and student life at St. Vladimir’s Seminary.

____________________________________________________________________________________

Signature                                      Date (m/d/y)
Instructions for the Applicant
for Doctor of Ministry Studies

Applicant’s Name: (please print or type) ____________________________________________

Last          First          Middle initial

Home Parish: ________________________________________________________________

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that all concerned may wish to preserve the confidentiality of such evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form. ____________________________________________

Applicant’s Signature

Date

I do not waive my right to examine this form. ____________________________________________

Applicant’s Signature

Date

To the Hierarch:

The person named above is applying for admission to St Vladimir’s Orthodox Theological Seminary. It is our policy that DMin applicants must secure a hierarchical blessing before beginning doctoral studies.

Please indicate your response to this applicant’s desire to begin seminary studies:

He/she: □ has my blessing.

□ has my conditional blessing. (Please explain)

□ does not have my blessing.

Hierarch’s Signature

Date

If you would like to share with us your overall impression of this applicant’s character, with particular consideration of his/her capability to engage in theological studies and to serve as a leader in the Church, please use the reverse of this form, attaching additional sheets if necessary.

When completed, please mail this form directly to:
The Director of Admissions, St Vladimir’s Orthodox Theological Seminary
575 Scarsdale Road, Yonkers, NY 10707
Instructions for the Applicant

Please fill out this section and:
- if you are a parish priest give this form to your Chancellor or Dean.
- if you are a chaplain or other pastoral professional give it to your Supervisor

Applicant’s Name: (please print or type)____________________________________________________

Last First Middle initial

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that all concerned may wish to preserve the confidentiality of such evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form. _____________________________________________________

Applicant’s Signature Date

I do not waive my right to examine this form. _______________________________________________

Applicant’s Signature Date

To the Chancellor, Dean or Supervisor:

The person named above is applying for admission to the Doctor of Ministry Program at St Vladimir’s Orthodox Theological Seminary. The Committee on Admissions would appreciate your help in determining this candidate’s ability to participate in doctoral studies. Please be frank in your comments, providing any insights you might have into this candidate’s character, level of maturity, and/or abilities. Thank you for your assistance.

How long have you known the applicant? ___________________________________________________

How well do you know the applicant? ____________________________________________________

In what capacity have you been associated with the applicant? ________________________________

Your Name: (please print) __________________________________ Title: _________________________

Church/Institution: __________________________ Phone: _____________________________

Address: _____________________________________________________________________________

Signature: _______________________________ Date: ___________________________________________________________________
Please share with us your principal impressions, both positive and negative, of this applicant’s character.

How would you describe this applicant’s emotional stability and social maturity? How is this person regarded by his/her peers and other associates?

In your judgment how capable is this person of working collaboratively with others? How easy are they to work with?

Do you believe that this person is capable of balancing their current pastoral work with doctoral studies?

Is this applicant an enthusiastic learner who accepts constructive critical feedback from others?

Please note any unusual circumstances, or outstanding qualities in this applicant, that the committee should take into consideration when evaluating his/her application.
Would you welcome this applicant as a retreat/seminar leader in your parish or place of ministry?

☐ Very eagerly  ☐ Gladly  ☐ With some reservations  ☐ No comment

Overall, this applicant’s level of preparation for doctoral studies is:

☐ Outstanding  ☐ Excellent  ☐ Very good  ☐ Good  ☐ Fair  ☐ Poor  ☐ No comment

_When completed, please mail this form directly to:_

The Director of Admissions, St Vladimir’s Orthodox Theological Seminary
575 Scarsdale Road, Yonkers, NY 10707
Instructions for the Applicant

Please fill out this section and give this form to an instructor or colleague who knows you well and can comment on your character and your preparedness for doctoral studies in the DMin program.

Applicant’s Name: (please print or type) ____________________________________________________

Last    First    Middle initial

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that all concerned may wish to preserve the confidentiality of such evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form. _____________________________________________________

Applicant’s Signature

Date

I do not waive my right to examine this form. _______________________________________________

Applicant’s Signature

Date

To the Instructor, Employer, or Colleague:

The person named above is applying for admission to St Vladimir’s Orthodox Theological Seminary in the Doctor of Ministry Program. You have been chosen by this applicant to supply one of the references required as part of the application process. The Committee on Admissions would appreciate your help in determining this candidate’s ability to participate in doctoral studies. Please be frank in your comments, providing any insights you might have into this candidate’s character, level of maturity, and/or abilities. Thank you for your assistance.

How long have you known the applicant? __________________________________________________

How well do you know the applicant? _____________________________________________________

In what capacity have you been associated with the applicant? ________________________________

Your Name: (please print) ___________________________ Position and/or Title: __________________

Address: ______________________________________ Phone: ____________________________

Signature: ______________________________________ Date: ____________________________
Please provide us with a sense of this person’s level of preparation for seminary studies by evaluating him/her according to the following categories:

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<th></th>
<th>Outstanding</th>
<th>Excellent</th>
<th>Average</th>
<th>Marginal</th>
<th>Poor</th>
<th>No Basis for Judgment</th>
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<tr>
<td>Intellectual ability</td>
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<tr>
<td>Creativity</td>
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<tr>
<td>General quality of work</td>
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<td>Quality of written expression</td>
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<td>Quality of oral expression</td>
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<td>Emotional maturity and stability</td>
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<td>Leadership ability</td>
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How would you describe this person’s work ethic?

How is this person regarded by his/her peers and other associates? How does he/she interact with others?

What obstacles, if any, might impede this applicant’s pursuit and completion of a seminary program?

Please note any unusual circumstances, or outstanding qualities in this applicant, that the committee should take into consideration when evaluating his/her application.

*When completed, please mail this form directly to:*

The Director of Admissions, St Vladimir’s Orthodox Theological Seminary  
575 Scarsdale Road, Yonkers, NY 10707
External Review Committee
Membership Agreement Form

(Applicant is to complete out sections I, II & III)

I. Applicant’s Name

II. Committee Member’s Information (Please type or print.)

Name: __________________________________________________
First                  Middle                Last/Family          Suffix

Address: ________________________________________________
          __________________________________________
          Street Address
          __________________________________________
          City/Town                             State/Province/Country       Zip/Postal Code

Home Phone: ____________________________ Cell/Other Phone: ____________________________

E-mail Address: _____________________________________________________________________

Relationship to Applicant (check one)
☐ Bishop, Dean, Chancellor or Supervisor
☐ Colleague
☐ Constituent

III. Committee Member’s Church Information

Jurisdiction or other affiliation: ________________________________________________

Parish: ____________________________ Diocese: ____________________________

The Doctor of Ministry program at St. Vladimir's Seminary integrates doctoral level academic work with pastoral practice in order to help participants achieve excellence in pastoral ministry. The External Review Committee (ERC) consists of supervisors, peers and constituents, who regularly work with the student in the context of ministry. As a member of the ERC you agree to provide critical feedback to the student during the course of the program. By providing feedback in various forms (brief surveys, interviews, conference calls etc.) you will provide extremely valuable feedback for the applicant, and will serve as an integral participant in the degree program. The normal time commitment for an ERC member is two to four hours per semester. By signing this form, you agree to fulfill these responsibilities to the best of your ability.

Signature of Committee Member: ________________________________________________