



SPIRIT. MIND. BODY.

## DOCTOR OF MINISTRY APPLICATION



**ORU**

ORAL ROBERTS UNIVERSITY

**ORU**

## ADMISSIONS REQUIREMENTS FOR ORU DOCTOR OF MINISTRY DEGREE

### Education

Applicants must hold a first professional theological degree (Master of Divinity or equivalent) with a minimum grade point average of 3.00 or above.

### Experience

Since the achievement of a new level of competence in the practice of ministry is the primary goal of the program, applicants will have a minimum of three years ministry experience **subsequent to the first Graduate Theology degree.**

### REQUIREMENTS CHECKLIST

Please send the following listed items to the office of Graduate School Admissions. **All transcripts are to be sent directly by the college/university or recommender to the attention of the Graduate Admissions Coordinator.** *Recommendations or transcripts received directly from the applicant are considered unofficial and will not be used toward completion of one's application file.* **Recommendation forms may not be completed by immediate family members.** Applications are reviewed when the following items are received:

**Application Information**

**Application Processing Fee \$35**

**Official Transcripts**

Official transcripts must be received **directly from all colleges and universities attended** in their original sealed envelope unless you are an international student (see next page). This also includes all technology and unaccredited schools.

**Honor Code**

All ORU students accept the Honor Code as their lifestyle while at ORU. Your signature on this form acknowledges your acceptance of the ORU lifestyle.

**Ecclesiastical Recommendation**

This form is to be completed and returned by your spiritual overseer or church leader who is not a relative.

**Academic Recommendation**

An academic recommendation is required from a current or former professor. This recommendation is to be returned to ORU directly by the person submitting the reference.

**Professional Recommendation**

A professional recommendation is required from a colleague in ministry. This recommendation is to be returned to ORU directly by the person submitting the reference.

**Layperson's Recommendation**

A recommendation is required from an individual who is under your ministerial care or supervision. This recommendation is to be returned to ORU directly by the person submitting the reference.

## The following essays are to be submitted with your application form.

On separate sheets of paper, please provide the following information for the Admissions Committee:

### Autobiographical Statement

Present an account of your understanding of your call into full-time ministry. State your self-understanding of your ministry in the light of biblical, theological, and historical insights. Also indicate your areas of strengths and weaknesses as you have carried out your ministry. This comprehensive statement must not be less than five hundred words.

### Ministerial Experience

Submit a comprehensive account of your ministerial experience. Include the names of all churches/pastorates served, dates and positions held, and membership of each pastorate. If your ministry is not in a local pastorate, provide a thorough description of it. It is understood that there may be considerable variety in the experiences of applicants who are in full-time ministry.

### Plans for Continuing in Full-Time Ministry

The Doctor of Ministry degree is an 'in ministry' degree. All applicants are required to continue in a recognized form of full-time ministry for the duration of the program. Please state your plans for continuing in ministry.

### Statement of Reason for Applying to ORU

Indicate your reason for wanting to do your Doctor of Ministry at Oral Roberts University. State what you would like the program to accomplish for you and your ministry.

### Finances

Discuss how you plan to finance your Doctor of Ministry if accepted. How will your church or present ministry assist with your expenses?

## International Students Additional Admission Requirements

### TOEFL Score

All international students whose native language of instruction is not English must submit official TOEFL scores from within the past two years. A minimum score of 550 paper-based, 213 computer-based, or 79-80 internet-based is required for admission. For further information on the TOEFL, please call 609.771.7100 or go to <http://www.ets.org>.

### International Student Financial Guarantee Form

All international students are required to document verification of their financial support for the first year of study. Support must be verified prior to the University issuing a Form I-20. The Form I-20 is needed in order for an applicant to be issued a student visa. A new financial agreement form with verification of funds is required each year. The guarantor must guarantee to meet the actual expenses incurred **for each year the applicant is enrolled at ORU**.

### Sevis Transfer Request

This form is required of international students **in F-1 Status** transferring to ORU from another U.S. school.

### World Educational Services (WES)

All International students are required to use this service for quick and accurate translation and evaluation of transcripts. More information is available at [www.wes.org](http://www.wes.org).

## Additional Items

### Tuition Deposit

After admission has been granted, a non-refundable advance tuition payment in the amount of \$125 is required. This deposit will be credited to your university account.

### Medical Assessment

In accordance with the University philosophy of educating the whole person (spirit, mind and body), all students are required to participate in the University's health and fitness program. A medical assessment form must be completed and submitted to the University prior to your enrollment in health and fitness courses. A copy of this form is located at <http://admissions.oru.edu/MedicalAssessment.pdf>. Students approved to live in university housing are required to submit immunization records as listed on medical assessment form.

# APPLICATION FOR ADMISSION 03

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last/Family Name First/Given Name Middle Name

Other names under which transcripts have been issued: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip Country

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

I plan to start ORU in:  Fall (August)  Spring (January)  Summer \_\_\_\_\_(Year)

What is your citizenship status?

U.S. Citizen (State of residence) \_\_\_\_\_

Non-U.S. Citizen (If you are a Non-U.S. Citizen, please state your country of citizenship and your country of birth.)

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

If you are living in the United States and you are not a U.S. citizen, please indicate your current status or visa type.

Student  Permanent Resident  Visitor/Tourist  Other \_\_\_\_\_

Visa Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you are an international student please provide your non-U.S. address \_\_\_\_\_

Have you ever been convicted, pled guilty or no contest to a felony charge?  Yes  No

If yes, please provide a written explanation on a separate sheet of paper.

## Personal Information

The information requested below is used for statistical purposes only. You are not required to complete this section of the application. If you complete this section, the information will not be used in evaluating your application for admission. ORU does not discriminate against applicants on the grounds of race, religion, color, sex, age, national origin, disability, or veteran status.

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender  Male  Female

If you are a U.S. citizen, which best describes your national origin?

American Indian/Alaskan Native  Asian  Black/African American  Caucasian/White  Pacific Islander

Hispanic  Other \_\_\_\_\_

## Veteran Services

Are you a veteran of the armed forces?  Yes  No

Please select one of the following:

- |  |   |                                       |  |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Assembly of God   | <input type="checkbox"/> Baptist              | <input type="checkbox"/> Catholic     | <input type="checkbox"/> Charismatic         |
| <input type="checkbox"/> Church of Christ  | <input type="checkbox"/> Church of God-Christ | <input type="checkbox"/> Episcopalian | <input type="checkbox"/> Freewill Baptist    |
| <input type="checkbox"/> Full Gospel       | <input type="checkbox"/> Holiness             | <input type="checkbox"/> Independent  | <input type="checkbox"/> Interdenominational |
| <input type="checkbox"/> Jewish            | <input type="checkbox"/> Lutheran             | <input type="checkbox"/> Methodist    | <input type="checkbox"/> Nazarene            |
| <input type="checkbox"/> Nondenominational | <input type="checkbox"/> Open Bible Standard  | <input type="checkbox"/> Pentecostal  | <input type="checkbox"/> Presbyterian        |
| <input type="checkbox"/> Protestant        | <input type="checkbox"/> Southern Baptist     | <input type="checkbox"/> Other _____  |  |

**Area of Study** - Applications are considered for admission into only **one** graduate school and degree program.

## Doctor of Ministry

Tracks:  Church Ministries & Leadership  Pastoral Care & Counseling

### Prior Education

Please list all colleges and universities you have attended (in chronological order) and indicate degree received.

College/University	Dates of Attendance	Location	Degree Granted/Date of Graduation
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

Was English your formal language of instruction?  Yes  No      Score \_\_\_\_\_

If not, have you taken the TOEFL?  Yes, Date \_\_\_\_\_  No \_\_\_\_\_

Have you taken the Miller Analogies Test (MAT)?  Yes, Date \_\_\_\_\_  No \_\_\_\_\_

Have you taken the Graduate Record Examination (GRE)?  Yes, Date \_\_\_\_\_  No \_\_\_\_\_

I am scheduled to take one of the above tests.  Yes, Date \_\_\_\_\_  No \_\_\_\_\_  
 Test \_\_\_\_\_

### Honors and Activities

Please list, in order of importance, extracurricular activities, offices held, accomplishments, and professional memberships.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list awards, honors, and scholarships received in college and graduate school or since graduation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Employment History

Company Name	Position	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Ministry History

Organization/Ministry Name	Position	Date of Service/Ministry
_____	_____	_____
_____	_____	_____
_____	_____	_____



### Honor Code Pledge

In signing the Honor Code Pledge, I fully recognize that Oral Roberts University was founded to be and is committed to being a Christian religious ministry and that it offers a lifestyle of commitment to Jesus Christ of Nazareth as personal Savior and Lord. I further recognize that the University is an integral part of the Ministry's evangelistic outreach. It is therefore my personal commitment to be a person of integrity in my attitude and respect for what Oral Roberts University is in its calling to be a Christian university.

1. **I PLEDGE** to apply myself wholeheartedly to my intellectual pursuits and to use the full powers of my mind for the glory of God.
2. **I PLEDGE** to grow in my spirit, developing my own relationship with God.
3. **I PLEDGE** to develop my body with sound health habits by completing the required aerobics program and by participating in wholesome physical activities.
4. **I PLEDGE** to cultivate good social relationships and to seek to love others as I love myself. I will not lie; I will not steal; I will not curse; I will not be a talebearer. I will not cheat or plagiarize; I will do my own academic work and will not inappropriately collaborate with other students on assignments.
5. **I PLEDGE** at all times to keep my total being under subjection from all immoral and illegal actions and communications, whether on or off campus. I will not take any illegal drugs or misuse any drugs; I will not engage in or attempt to engage in any illicit, unscriptural sexual acts, which shall include any homosexual activity and sexual intercourse with one who is not my spouse through traditional marriage of one man and one woman. I will not drink alcoholic beverages of any kind; I will not use tobacco; I will not engage in other behavior that is contrary to the rules and regulations listed in the *Student Handbook*.
6. **I PLEDGE** to maintain an integrity of openness to God's claims on my life and to do my utmost to know and follow His will for my life.
7. **I PLEDGE** to attend class, all required chapel services on campus, and my choice of a house of worship wherever God is honored and lifted up.
8. **I PLEDGE** to abide by the rules and regulations that may from time to time be adopted by the University administration. I understand Oral Roberts University is a private school, and I therefore have no vested rights in the governing of the school. I accept my attendance at ORU as a *privilege* and *not* a right and that the University reserves the right to require the withdrawal of a student at any time if in the judgment of the President of the University or the University Discipline Committee such action is deemed necessary to safeguard ORU's ideals of scholarship or its spiritual and moral atmosphere of it as a Christian university.

I will keep the HONOR CODE carefully and prayerfully. I understand that my signature below is my acceptance of the entire Honor Code and completes a contract between me and Oral Roberts University, which is a prerequisite for matriculation and my continued association with the University. My signed pledge becomes a part of my permanent file. Further, my acceptance of the Honor Code is a solemn vow and promise to God as to how I will live my life.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_



ORU GRADUATE SCHOOL OF THEOLOGY & MISSIONS

To the Doctor of Ministry Applicant: Please complete and sign the top portion of this page. This form is to be completed by your spiritual overseer: i.e., senior pastor, bishop, district superintendent, or supervisor, and returned by him/her directly to the Office of Graduate School Admissions. This may not be completed by a relative.

Name of Applicant: Last/Family First/Given Name Middle

Address:

City: State Zip Country

Phone ( ) Email Address:

I plan to start ORU in: Fall (August) Spring (January) Summer Year

Area of Study - Applications are considered for admission into only one graduate school and degree program.

Doctor of Ministry

Tracks: Church Ministries & Leadership Pastoral Care & Counseling

I authorize the spiritual overseer identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential, and I will not be entitled to review the completed recommendation and it will be sent directly to ORU by the person completing it. I release the spiritual overseer and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature

To the Overseer: Each applicant for admission to ORU's Doctor of Ministry Program must submit a recommendation from his/her spiritual overseer. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Since a candid evaluation is requested, your comments will be held in the strictest of confidence. Please complete and return this form directly to:

ORU Graduate School Admissions
7777 South Lewis Avenue
Tulsa, OK 74171-0001

1. How long have you known the applicant? In what capacity?

2. How well do you know him/her?

- By name/sight Fairly well/numerous personal contacts
Casually/few personal contacts Very close personal relationship

3. To your knowledge, has the applicant made a meaningful personal commitment to Jesus Christ?

- Yes No I do not know

Comments:

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the box with an X.	Excellent	Above Average	Average	Below Average	Not Observed
Ministerial effectiveness					
Ministerial competence					
Emotional stability					
Empathy					
Integrity/Honesty					
Judgment					
Moral character					
Personal appearance					
Reliability					

5. Please share what you consider to be the applicant's character strengths and weaknesses, as well as any other information you may have about the applicant that will help in our evaluation. This information could cover recent experiences or incidents in the applicant's life or even a general personality appraisal.

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6. What is your perception of the applicants ability to complete a rigorous ministerial doctoral program?

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7. Is there additional information about the candidate you feel the Admissions Committee should know? Please comment on his/her relationships in the home and community.

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On the basis of the above information, the applicant is:

- Strongly recommended   
 Recommended   
 Recommended with some reservation   
 Not recommended  
 Please call me to discuss this information further

Overseer's Name: \_\_\_\_\_ Name of Church & Denomination \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number                      City                      State                      Zip                      Country

Phone: (     ) \_\_\_\_\_ Church Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Overseer's signature \_\_\_\_\_

## ORU GRADUATE SCHOOL OF THEOLOGY & MISSIONS

**To the Doctor of Ministry Applicant:** *Please complete and sign the top portion of this page. This form is to be completed by a former seminary professor and returned by him/her directly to the Office of Graduate School Admissions. Professional references may be substituted if you have been out of school for more than five years. **This may not be completed by a relative.***

Name of Applicant: \_\_\_\_\_  

Last/Family
First/Given Name
Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

I plan to start ORU in:     Fall (August)     Spring (January)     Summer    Year \_\_\_\_\_

**Area of Study** - Applications are considered for admission into only **one** graduate school and degree program.

### *Doctor of Ministry*

Tracks:     Church Ministries & Leadership     Pastoral Care & Counseling

I authorize the professor or professional reference identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential, and I will not be entitled to review the completed recommendation, and it will be sent directly to ORU by the person completing it. I release the professor or professional reference and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature \_\_\_\_\_

**To the Professor or Professional Reference:** Each applicant for admission to ORU's Doctor of Ministry Program must submit an academic recommendation. Serious consideration will be given to your comments; therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest confidence. ***Please complete and return this form directly to:***

ORU Graduate School Admissions  
 7777 South Lewis Avenue  
 Tulsa, OK 74171-0001

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant? \_\_\_\_\_

3. How well do you know him/her?

- By name/sight                                     Fairly well/numerous personal contacts  
 Casually/few personal contacts     Very close personal relationship

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the box with an X.	Excellent	Above Average	Average	Below Average	Not Observed
Ministerial effectiveness					
Ministerial competence					
Emotional stability					
Empathy					
Integrity/Honesty					
Judgment					
Moral character					
Personal appearance					
Reliability					

5. What positive traits or characteristics distinguish the applicant from his or her peers?

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6. What personal attributes need further development?

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7. What is your opinion of the candidate's ability and qualification to pursue a rigorous doctoral study?

Please comment on overall emotional/psychological stability.

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8. Is there additional information about the candidate that you feel the Admissions Committee should know?

Please comment on honesty, integrity, concern for people and general moral character.

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On the basis of the above information, the applicant is:

- Strongly recommended   
  Recommended   
  Recommended with some reservation   
  Not recommended  
 Please call me to discuss this information further

Reference's Name: \_\_\_\_\_ Position/Title \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number                                  City                                  State                                  Zip                                  Country

Phone: (    ) \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Reference's signature \_\_\_\_\_

ORU GRADUATE SCHOOL OF THEOLOGY & MISSIONS

To the Doctor of Ministry Applicant: Please complete and sign the top portion of this page. This form is to be completed by a colleague in ministry and returned by him/her directly to the Office of Graduate Admissions. This may not be completed by a relative.

Name of Applicant: Last/Family First/Given Name Middle

Address:

City: State Zip Country

Phone ( ) Email Address:

I plan to start ORU in: Fall (August) Spring (January) Summer Year

Area of Study - Applications are considered for admission into only one graduate school and degree program.

Doctor of Ministry

Tracks: Church Ministries & Leadership Pastoral Care & Counseling

I authorize the colleague identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential, and I will not be entitled to review the completed recommendation, and it will be sent directly to ORU by the person completing it. I release the colleague and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature

To the Ministry Colleague: Each applicant for admission to ORU's Doctor of Ministry Program must submit a recommendation from a colleague in ministry. Serious consideration will be given to your comments; therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest of confidence. Please complete and return this form directly to:

ORU Graduate School Admissions
7777 South Lewis Avenue
Tulsa, OK 74171-0001

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

3. How well do you know him/her?

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Casually/few personal contacts Very close personal relationship

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

<b>Please mark the box with an X.</b>	Excellent	Above Average	Average	Below Average	Not Observed
Ministerial effectiveness					
Ministerial competence					
Emotional stability					
Empathy					
Integrity/Honesty					
Judgment					
Moral character					
Personal appearance					
Reliability					

5. What positive traits or characteristics distinguish the applicant from his or her peers?

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6. What personal attributes need further development?

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7. What is your opinion of the candidate's ability and qualification to pursue a rigorous doctoral study?  
Please comment on overall emotional/psychological stability.

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8. Is there additional information about the candidate that you feel the Admissions Committee should know?  
Please comment on honesty, integrity, concern for people and general moral character.

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On the basis of the above information, the applicant is:

- Strongly recommended   
  Recommended   
  Recommended with some reservation   
  Not recommended  
 Please call me to discuss this information further

Reference's Name: \_\_\_\_\_ Position/Title \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number
City
State
Zip
Country

Phone: (    ) \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Reference's signature \_\_\_\_\_

## ORU GRADUATE SCHOOL OF THEOLOGY & MISSIONS

**To the Doctor of Ministry Applicant:** Please complete and sign the top portion of this page. This form is to be completed by an individual who is under your ministerial care or supervision and returned by him/her directly to the office of Graduate School Admissions. ***This may not be completed by a relative.***

Name of Applicant: \_\_\_\_\_  
Last/Family First/Given Name Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

I plan to start ORU in:  Fall (August)  Spring (January)  Summer Year \_\_\_\_\_

**Area of Study** - Applications are considered for admission into only **one** graduate school and degree program.

### *Doctor of Ministry*

Tracks:  Church Ministries & Leadership  Pastoral Care & Counseling

I authorize the layperson identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential, and I will not be entitled to review the completed recommendation, and it will be sent directly to ORU by the person completing it. I release the layperson and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature \_\_\_\_\_

**To the Layperson:** Each applicant for admission to ORU's Doctor of Ministry program must submit a recommendation from an individual under his/her ministerial care or supervision. Serious consideration will be given to your comments; therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest of confidence. ***Please complete and return this form directly to:***

ORU Graduate School Admissions

7777 South Lewis Avenue

Tulsa, OK 74171-0001

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant? \_\_\_\_\_

3. How well do you know him/her?

- By name/sight  Fairly well/numerous personal contacts  
 Casually/few personal contacts  Very close personal relationship

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

<b>Please mark the box with an X.</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Not Observed</b>
Ministerial effectiveness					
Ministerial competence					
Emotional stability					
Empathy					
Integrity/Honesty					
Judgment					
Moral character					
Personal appearance					
Reliability					

5. What positive traits or characteristics distinguish the applicant from his or her peers?

\_\_\_\_\_

\_\_\_\_\_

6. Please comment on his/her relationships in the church and community.

\_\_\_\_\_

\_\_\_\_\_

7. Please comment on overall competence and effectiveness.

\_\_\_\_\_

\_\_\_\_\_

8. Is there additional information about the candidate that you feel the Admissions Committee should know? Please comment on honesty, integrity, concern for people and general moral character.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On the basis of the above information, the applicant is:

- Strongly recommended   
  Recommended   
  Recommended with some reservation   
  Not recommended  
 Please call me to discuss this information further

Layperson's Name: \_\_\_\_\_ Position/Title \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number    City    State    Zip    Country

Phone: (    ) \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Layperson's signature \_\_\_\_\_



**ORU SCHOOL OF THEOLOGY & MISSIONS  
INTERNATIONAL STUDENTS SEEKING F-1 STATUS**

United States Department of Homeland Security (DHS) regulations require documentation that sufficient financial resources are available to meet a student’s prospective educational and living expenses while in the U.S. Therefore, Oral Roberts University requires a guarantee of financial resources from each applicant who expects to obtain or maintain Student (F-1) status. Applicants are required to submit financial documentation that **equals or exceeds one full year of expense**, for the program of study they are interested in pursuing. Adjustments in the financial certification cannot be adjusted based on a student’s individual circumstances. This estimate is based upon 12-18 hours each semester for graduate studies. A Certificate of Eligibility (Form I-20) will not be issued until this information is provided. Financial documentation is valid for six months from date of signature on this form and date of bank statement submitted.

Although scholarships are available for qualified international students, they only cover a small portion of tuition and in most cases may not be relied upon to cover all educational costs. Therefore, the Financial Guarantee Form or bank statement should reflect full educational costs for the first year of schooling **as required by Federal laws**. For more information regarding scholarship opportunities available at ORU, please visit [www.oru.edu/finaid](http://www.oru.edu/finaid).

**APPLICANT’S CERTIFICATION**

*(Please print)*

**Applicant’s Name:** \_\_\_\_\_  
Last/Family Name
First/Given Name
Middle Name

**Expected enrollment date:**     Fall (August)     Spring (January)     Summer (May ) \_\_\_\_\_ (Year)

I guarantee that I will have sufficient funds available to meet the estimated educational expenses for each year that I study at ORU. I certify that I can make the necessary arrangements to have all funds transferred to the United States and that I will have adequate funds for my travel to and from the United States. I understand that tuition is payable at the beginning of each semester. These funds of \$ \_\_\_\_\_ per year will be provided by (check one):

my family                       my own savings                       Other (specify) \_\_\_\_\_

If you are married and your spouse and/or children will accompany you to the U.S., please provide the following information for each individual. Additional funds must be added to the financial guarantee form to support your dependants amounting to \$6,000 for a spouse and \$4,000 for each child.

Last, First Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

### GUARANTOR'S CERTIFICATION

Unless you are supported by your own savings, immigration documents cannot be issued without the guarantor completing and signing this section.

Guarantor's Name: \_\_\_\_\_  
Last/Family Name First/Given Name Relation to Applicant \_\_\_\_\_

Guarantor's Country of Citizenship \_\_\_\_\_

Is the Guarantor currently residing in the United States?  Yes  No  
If yes, is the Guarantor a U.S. Citizen?  Yes  No  
If no, is the Guarantor a Permanent Resident Alien?  Yes  No

If the Guarantor is residing in the U.S. and is not a U.S. citizen or Permanent Resident Alien, what is his/her current visa classification? \_\_\_\_\_

As the applicant's guarantor, I understand the expenses listed on the International Cost of Education Sheet of \$ \_\_\_\_\_ are estimates of the average cost. The actual cost may vary based on changes in tuition and fees, books and supplies, room and board, medical insurance premiums and personal lifestyles. I guarantee that I will provide \_\_\_\_\_ with sufficient funds to meet the actual expenses incurred, as estimated above, **for each year the applicant is enrolled at ORU**. I certify if there are dependents that plan to accompany the applicant, I will provide the additional funds necessary to meet the needs of the applicant's dependants. I certify that I can make the necessary arrangements to have all funds transferred to the United States and that I will provide adequate funds for the applicant's travel to and from the United States.

Mailing address of Guarantor: \_\_\_\_\_

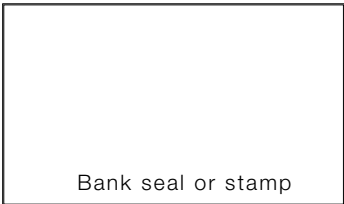
Signature of Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

### BANK'S CERTIFICATION

If bank policies do not allow the completion of this form, a separate bank letter or affidavit is an acceptable substitute. The letter should be on bank letterhead, signed by a bank official to specifically verify the following:

- Name of account holder
- Date account was opened
- Current account balance or specific acknowledgement that accounts have a minimum balance to cover the student's estimated expenses and any additional dependants as listed above.
- Monetary values should be converted to the U.S. dollar.

This is to certify that in our opinion, \_\_\_\_\_, the guarantor whose name appears above, has adequate funds to meet the estimated expenses as listed above for the applicant and any dependants listed for each year that the above named applicant is enrolled at ORU. This certificate does not constitute a statement of liability on any part or on behalf of the bank incurred by the applicant named above.



Signature: \_\_\_\_\_  
Title or Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
Please submit completed form to:

**INTERNATIONAL STUDENTS TRANSFERRING TO ORU FROM ANOTHER U.S. SCHOOL IN F-1 STATUS**

STUDENT: You are required to obtain a SEVIS release prior to acceptance to Oral Roberts University. Please take this form to the International Office at the University/College you are currently attending to be completed.

Name (As seen on current Form I-20) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

I plan to start ORU in:  Fall  Spring  Summer \_\_\_\_\_ (Year)

**TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:**

Please fax this completed page to us as soon as possible:

The above student is seeking admission to Oral Roberts University. Immigration regulations require confirmation that he/she has been pursuing a full course of study at your institution.

Last semester enrolled at your institution: \_\_\_\_\_

\_\_\_\_\_ is in valid F-1 status  Yes  No

(Student's Name)

If no, and the student is out of status:

A reinstatement to student status is pending. (Copies of documents filed to CIS are enclosed.)

Student has been advised that a reinstatement will be required upon enrollment at the new school.

In addition, we need the **date** you would transfer SEVIS to ORU. We only need the date to proceed with the admissions process for this student. No SEVIS transfer is necessary until the date chosen. (Please do not wait to fax **this** page until the SEVIS transfer date.)

Transfer release **date** in SEVIS \_\_\_\_\_

Please list all previously authorized periods of Curricular or Optional Practical Training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT THE PRECEDING INFORMATION IS CORRECT:**

\_\_\_\_\_  
Name and Title of DSO \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Name of Institution \_\_\_\_\_ Address of Institution \_\_\_\_\_

\_\_\_\_\_  
Office Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Oral Roberts University  
Office of Graduate Admissions  
ATTN: International Coordinator  
7777 South Lewis Avenue  
Tulsa, OK 74171-0001

phone: 918.495.6488  
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