



APPLICATION FOR ADMISSION

This form is one part of a complete application file. Before completing this application, please refer to Terms and Procedures for Admission in the Academic Catalogue for additional requirements. International applicants should also review carefully the section Additional Information for International Students.

I am applying for the following degree program (check one):

- Master of Arts (Theological Studies), or MATS
Master of Arts in Ministry Practice (MAMP)
Master of Divinity (MDiv)
Dual-Degree program: MDiv/MSSW (Master of Science in Social Work at The University of Texas at Austin)
Note: This program requires separate application to The University of Texas at Austin MSSW program.

Term and year for which I seek admission:

- Fall (recommended) Spring Other Year
(Note: matriculation in a term other than fall should be discussed with the Vice President for Admissions.)

PERSONAL INFORMATION

Mr. Ms. Mrs. Miss Dr. Rev. Male Female
First Name Middle Name Last Name
Preferred Name Social Security #
Present Street Address
City State ZIP
Date present address expires
Phone: Cell Work Home
E-mail Fax #
Permanent Address (if different from above). If this address will expire, indicate when
Street Address City
State ZIP Home Phone
Date of Birth Place of Birth
Citizenship: U.S. Other country (indicate)
Primary Language Date TOEFL taken
TOEFL Score: PBT (Paper-based TOEFL) (minimum score of 550 required)
or CBT (Computer-based TOEFL) (minimum score of 213 required)
or iBT (Internet-based TOEFL) (minimum score of 79 required)

FAMILY BACKGROUND

Father

First Name _____ Middle Name _____ Last Name _____

Mailing Address (Street or PO Box) _____

City _____ ST _____ ZIP _____

Phone (_____) _____ Occupation _____

Mother

First Name _____ Middle Name _____ Last Name _____

Mailing Address (Street or PO Box) _____

City _____ ST _____ ZIP _____

Phone (_____) _____ Occupation _____

Applicant's Marital Status _____

Spouse's Full Name _____

Spouse's Occupation/Employer _____

Childrens' Names *

Gender

Date of Birth

| | | |
|--|---|--|
| | <input type="radio"/> M <input type="radio"/> F | _____ / _____ / _____ <small style="display: block; text-align: center;">Month Day Year</small> |
| | <input type="radio"/> M <input type="radio"/> F | _____ / _____ / _____ <small style="display: block; text-align: center;">Month Day Year</small> |
| | <input type="radio"/> M <input type="radio"/> F | _____ / _____ / _____ <small style="display: block; text-align: center;">Month Day Year</small> |
| | <input type="radio"/> M <input type="radio"/> F | _____ / _____ / _____ <small style="display: block; text-align: center;">Month Day Year</small> |

* Place an asterisk by the name of each child who will live with you while you attend seminary.

ACADEMIC BACKGROUND

- You are required to provide Austin Seminary with an official transcript of record from every college, university, seminary, and graduate school you have attended.
- Below, list every educational institution attended, attaching an addendum if necessary. If you believe your academic record is not an accurate indication of your intellectual ability, address the circumstances in your autobiographical essay.

| High School | Location | Attendance From | Attendance To | Diploma Earned | Year Rec'd |
|--|----------|-----------------|---------------|----------------|------------|
| | | | | | |
| | | | | | |
| College/University, Graduate/Professional School, Seminary | Location | Attendance From | Attendance To | Degree Earned | Year Rec'd |
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Full Name of Applicant

First _____ Middle _____ Last _____

In this section, provide the Admissions Commission the names of references who can speak candidly and knowledgeably about you in the areas listed below.

- Your commitment to Christ and the church
- Your leadership ability, maturity, and interpersonal skills
- Your intellectual ability and willingness to think critically
- Your openness to perspectives other than your own

Realizing that no one person is capable of remarking on all these areas, select four references, including your pastor, whose combined knowledge of you covers as many of these areas as possible. Provide a full mailing address for each reference. The Admissions Office will send a reference form directly to each individual you indicate. If possible, one of these should be a professor who has taught you. Please contact the persons before submitting their names to us, ascertaining their willingness to serve as your reference and confirming their current addresses and phone numbers.

- For the first reference, specify the *pastor of the congregation* in which you have membership.

Name _____ Position _____
 Mailing Address (Street or PO Box) _____
 City _____ ST _____ ZIP _____
 Daytime Phone (_____) _____ Fax Number (_____) _____
 E-mail _____

- For the second reference, MAMP and MDiv applicants select a *minister* other than their pastor. If another minister is not available, select someone who knows you in a church/ministry context. MATS applicants may choose a *professor or school official*.

Name _____ Position _____
 Mailing Address (Street or PO Box) _____
 City _____ ST _____ ZIP _____
 Daytime Phone (_____) _____ Fax Number (_____) _____
 E-mail _____

- For the third reference, select *someone who knows you in business, professional, or personal life*.

Name _____ Position _____
 Mailing Address (Street or PO Box) _____
 City _____ ST _____ ZIP _____
 Daytime Phone (_____) _____ Fax Number (_____) _____
 E-mail _____

- For the fourth reference, select a *professor or school official*. If it is not possible for you to secure an academic reference, choose a person in business or professional life.

Name _____ Position _____
 Institution _____ Address _____
 City _____ ST _____ ZIP _____
 Daytime Phone (_____) _____ Fax Number (_____) _____
 E-mail _____



Full Name of Applicant:

First _____ Middle _____ Last _____

Please provide your employment/vocational history below, beginning with your current, or most recent, employment.

● Employer Name _____ Supervisor _____
Street Address _____ Phone (_____) _____
City _____ ST _____ ZIP _____ E-mail _____
Position title _____ Description of work _____
Dates Employed: From _____ / _____ To _____ / _____
Month Year Month Year

● Employer Name _____ Supervisor _____
Street Address _____ Phone (_____) _____
City _____ ST _____ ZIP _____ E-mail _____
Position title _____ Description of work _____
Dates Employed: From _____ / _____ To _____ / _____
Month Year Month Year

● Employer Name _____ Supervisor _____
Street Address _____ Phone (_____) _____
City _____ ST _____ ZIP _____ E-mail _____
Position title _____ Description of work _____
Dates Employed: From _____ / _____ To _____ / _____
Month Year Month Year

● Employer Name _____ Supervisor _____
Street Address _____ Phone (_____) _____
City _____ ST _____ ZIP _____ E-mail _____
Position title _____ Description of work _____
Dates Employed: From _____ / _____ To _____ / _____
Month Year Month Year

● Employer Name _____ Supervisor _____
Street Address _____ Phone (_____) _____
City _____ ST _____ ZIP _____ E-mail _____
Position title _____ Description of work _____
Dates Employed: From _____ / _____ To _____ / _____
Month Year Month Year

CHURCH BACKGROUND

Denominational Affiliation (*provide full, official name*) _____

Indicate the name and address of the church you currently attend:

Church Name _____
 Street _____ Phone (_____) _____
 City _____ ST _____ ZIP _____ Fax (_____) _____
 Pastor _____ E-mail _____

Are you a member of this church? Yes No If no, indicate below the church of which you are a member:

Church Name _____
 Street _____ Phone (_____) _____
 City _____ ST _____ ZIP _____ Fax (_____) _____
 Pastor _____ E-mail _____

Are you ordained as a deacon? Yes No As an elder? Yes No As a pastor? Yes No

Are you currently serving as a pastor? Yes No If yes, in what capacity? _____

Do your vocational plans include ordination? Yes No Are you a candidate for ordination? Yes No

Name of ecclesiastical body (e.g., presbytery, conference, board): _____

Are you under care of, supervised, or overseen by this body? Yes No

Below, provide contact information for the committee chair or supervisor.

Name _____ Position/Title _____
 Mailing Address _____
 City _____ ST _____ ZIP _____ Phone (_____) _____
 E-mail _____ Fax (_____) _____

Please elaborate on your vocational goals in your autobiographical essay.

List in the chart below, or briefly describe in an attached paragraph, your activity in local congregations (or fellowships, para-church organizations, etc.). Address any long periods of nonmembership or inactivity in your autobiographical essay.

| Name of Church or Religious Body (most recent first) | Location | Years of Involvement | |
|---|----------|----------------------|----|
| | | From | To |
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DURATION OF PROGRAM

- The Master of Arts (Theological Studies) and the Master of Arts in Ministry Practice degree programs are designed as two-year programs (21 months) of full-time study.
- The Master of Divinity degree program is designed as a three-year program (33 months) of full-time study.
- The MDiv/MSSW dual degree program is designed as a four-year program (45 months) of full-time study.

Do you plan to complete your program of study in the length of time noted above? Yes No If no, please explain:

Note: Austin Seminary's housing policy allows for a maximum 21 months of priority on-campus residency for MATS and MAMP students, no more than 33 months of priority on-campus residency for MDiv students and no more than 45 months of priority on-campus residency for MDiv/MSSW students.

OTHER INFORMATION

Do you intend to request transfer of credit into a degree program at Austin Seminary? Yes No

If yes, indicate the number of credits and the institution(s) at which they were earned:

Only accredited graduate-level course work completed within 7 years prior to the date of matriculation at Austin Seminary can be considered.
Transfer credit is granted by the Academic Dean upon matriculation at Austin Seminary.

Have you previously taken courses at Austin Seminary? Yes No If yes, what year(s) _____

Indicate other seminaries/institutions to which you have applied _____

Do you have any health or physical condition that may affect your studies or that Austin Seminary should be aware of in order that we may support your study efforts? Yes No (If yes, address the circumstances in your autobiographical essay.)

Note: It is the policy of Austin Presbyterian Theological Seminary not to discriminate on the basis of sex, age, race, national and ethnic origin, or handicapping condition in its educational programs, student activities, employment, or admissions policies.

FINANCIAL CONSIDERATIONS

Will you apply for financial aid? Yes No Are you interested in on-campus employment? Yes No

Do you anticipate receiving funding from outside the Seminary to finance your studies? Yes No If yes, indicate sources (i.e., family, church, employer, friends, foundations, etc.) _____

Are you eligible to receive Veterans' educational benefits while in seminary? Yes No

Your past educational indebtedness balance (i.e., student loans) when you enter seminary will be \$ _____

HOUSING

Are you interested in Seminary housing? Yes No The Housing Application will be mailed to you subsequent to admission and after you return the signed *Intent to Matriculate* form.

IMPORTANT

Under the provisions of the Family Education Rights and Privacy Act of 1974, you have the right, if you matriculate at Austin Seminary, to review your education records. Letters of reference for admission do not become part of your education record. They are used prior to matriculation in the admissions process and the awarding of merit scholarships. You can reserve or waive your right to review these references during this time by checking the appropriate sentence below and signing your application. Applicants who do not complete this section automatically waive this right.

- I *waive* the right to review any reference forms submitted on behalf of my application.
- I *reserve* the right to review any reference forms submitted on behalf of my application.

I declare that the information provided in all parts of this application is true and correct to the best of my knowledge.

Signature _____ Date _____

NOTE: Make certain you save a copy: To print a copy for your files, click here: Submit in one of two ways:

- First Class Mail: Office of Admissions, Austin Presbyterian Theological Seminary, 100 East 27th Street, Austin, Texas 78705-5711
- Electronically: Save the completed file and click here to be directed to the upload page: