



Saint John's

SCHOOL OF THEOLOGY SEMINARY

Office of Admission

Collegeville, Minnesota 56321-7288

320-363-2102 sotadmission@csbsju.edu 800-361-8318

APPLICATION FOR ADMISSION TO THE MASTER OF THEOLOGY (Th.M.) DEGREE PROGRAM

1. GENERAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Title: Mr. ___ Miss ___ Mrs. ___ Ms. ___ Rev. ___ Dcn. ___ S. ___ Br. ___ Rev. ___ Fr. ___ Msgr. ___ Other _____

Maiden Name, if applicable _____

Date of Birth ___/___/___ U.S. Social Security # ___-___-___ Country of Citizenship _____

Permanent Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Mailing Address until ___/___/___ MN County of Residence _____

Day Phone (_____) _____-_____ Evening Phone (_____) _____-_____ Cell Phone (_____) _____-_____

E-mail Address _____

Year you wish to enroll at Saint John's: Summer _____ Fall _____ Spring _____

Proposed area of focus for thesis and coursework: _____

2. OPTIONAL DATA *(Completion of this section is voluntary and will not affect the application status; some of the data is requested for reporting and research purposes in reports required by federal and state regulations.)*

Male ___ Female ___ Married ___ Single ___

American Asian ___ American Black ___ American Caucasian ___ American Hispanic ___ American Indian ___ Non-Resident Alien ___

Religious Affiliation _____

Religious Order Initials _____ Religious Order Profession Dates *(first)* ___/___/___ *(final)* ___/___/___

3. EDUCATIONAL BACKGROUND

B.A., B.S. Yr _____ School _____ Major _____

M.A., M.Div. Yr _____ School _____ Major _____

Ph.D., J.D., M.D. Yr _____ School _____ Major _____

Other _____ Yr _____ School _____ Major _____

4. REQUIRED DOCUMENTS

- A completed application
- Nonrefundable application fee of \$25
- Official transcripts
- Updated résumé
- Test scores from the Graduate Record Examination (GRE) taken within the last five years. Applicants who have not taken the GRE within five years may be admitted on a provisional basis and will be required to take the exam within the first semester of their work for the Th.M. Scores should be sent directly to Saint John's School of Theology-Seminary (id # 6624).

Scheduled Test Date ____/____/____

- A writing sample of 15-20 pages, including bibliography and footnotes. A graduate paper or chapter of a thesis is acceptable.
- Personal statement of not more than 750 words addressing the following:

Reflect upon the development of your personal and professional goals since you began graduate theological study. Why do you wish to study at Saint John's School of Theology-Seminary?

- Two letters of recommendation from professors at the institution where you completed your graduate theological degree

List name, address, and position of recommenders. Do you agree to waive access to the letters? Yes___ No___

1. _____

2. _____

5. OTHER PERTINENT INFORMATION

If English is not your first language, you must submit or have on file the results of one of the following tests:

Test of English as a Foreign Language (TOEFL)___ Michigan English Language Assessment Battery (MELAB)___

Where do you plan to live? On Campus___ Off Campus___

Off campus address (if available) _____

Do you have special needs? No___ Yes___ (Please identify in order that necessary services might be arranged)

How do you plan to finance your education? (Check all that apply) Personal Funds___ Private Scholarship___

Student Loans___ Campus Employment___ Sponsors___ (Please be specific)_____

I wish to be considered for financial aid from Saint John's: _____

Would you be interested in teaching at the undergraduate level? No___ Yes___ If yes, please describe any previous experience:

Have you ever been convicted of a felony offense? No___ Yes___ (If yes, attach an explanatory statement, including date, circumstances, present state. A "yes" answer will not automatically disqualify you from admission.)

Other schools to which you are applying:_____

Signature of Applicant _____ Date ____/____/____