



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 GRADUATE STUDY

1. GENERAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Title: Mr. ___ Mrs. ___ Ms. ___ Rev. ___ Dcn. ___ S. ___ Br. ___ Maiden Name _____

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 _____

Year you last enrolled at SJU or CSB (if applicable) Summer _____ Fall _____ Spring _____

Are you seeking ordination? Yes ___ No ___ (Circle all that apply) Priestly Diaconal Other (Please be specific) _____

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 _____

If a degree has not been attained, please list the number of semester/quarter credits (circle one) _____

earned toward (degree) _____ from (institution) _____

4. PROGRAM SELECTION

I am applying for **DEGREE** status in the following program (*Check one*)

Master of Divinity____ M.A. in Theology with a concentration in
M.A. in Liturgical Music____ Church History____ Scripture____
M.A. in Liturgical Studies____ Liturgy____ Spirituality____
M.A. in Pastoral Ministry____ Monastic Studies____ Systematics____

I am applying for **NON-DEGREE** status in (*Check all that apply*)

Certificate Program____ Part Time Study____ Sabbatical Study____ Study Abroad Program____

5. REQUIRED DOCUMENTS FOR DEGREE APPLICANTS

A completed application with nonrefundable application fee of \$25; official transcripts, essay; booklist; and résumé.

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

1. _____
2. _____
3. _____

One of the following aptitude tests is required for applicants without a previous graduate degree. Have official scores sent directly to Saint John's School of Theology-Seminary. Scheduled Test Date ____/____/____

Miller Analogy Test (MAT)____ Graduate Record Exam (GRE)____

Applicants for whom English is not their first language may substitute one of the following tests. Scheduled Test Date ____/____/____

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

6. REQUIRED DOCUMENTS FOR NON-DEGREE APPLICANTS

Required Documents for Non-Degree Graduate Study

A completed application with nonrefundable application fee of \$15

Two letters of recommendation from educational or professional contacts

For clergy and religious: One recommendation must come from the bishop or major superior

Requirements for Study Abroad Applicants

A completed application with a non-refundable application fee of \$25

A one-page essay describing the applicant's physical and emotional status

Official transcripts if applicant is seeking credit

Two letters of recommendation from educational or professional contacts

For clergy and religious: One recommendation must come from the bishop or major superior

7. OTHER PERTINENT INFORMATION

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____ Saint John's Scholarship____

Student Loans____ Campus Employment____ Sponsors____ (*Please be specific*) _____

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: _____

How did you learn about Saint John's School of Theology-Seminary?

Current Student/Alum____ Professor____ Colleague____ Print Ad____ Internet Ad____ Internet Search____ Fair/Conference____

Event at Saint John's____ Other____ (*Please be specific*) _____

Signature of Applicant _____ Date ____/____/____