



Applicant's Name \_\_\_\_\_

**CHURCH RELATIONSHIPS**

With which denomination are you affiliated? \_\_\_\_\_

Of what local congregation are you now a member \_\_\_\_\_  
Church Name City State

If you are a Presbyterian, what is the name of your presbytery? \_\_\_\_\_  
Your status with your presbytery (check one):

- \_\_\_\_\_ No formal relationship with presbytery's Committee on Preparation for Ministry.
- \_\_\_\_\_ An inquirer with presbytery's Committee on Preparation for Ministry.
- \_\_\_\_\_ A candidate for the ministry under care of presbytery.

If **not** a Presbyterian, are you now a candidate for the ministry in your denomination? \_\_\_\_\_

Are you licensed or ordained as a minister? \_\_\_\_\_

If so, indicate the ecclesiastical body in which you serve. \_\_\_\_\_

**ACADEMIC TRAINING** If you have not completed degree requirements, please indicate the degree you expect to receive.

Name	Location	Years of Attendance	*Degree or Diploma	Major	Year Received
High School					
College/University					
Theological Seminary					

**RECORD OF EMPLOYMENT** A resume may be included with your application materials.

Dates	Employer	Nature of Work

Applicant's Name \_\_\_\_\_

**PROGRAMS**

An applicant for any program must also complete the appropriate supplemental form. For which degree program are you applying?

\_\_\_\_\_ **Master of Divinity** (check preferred schedule)

\_\_\_\_\_ Full-time (daytime or combination of day & night courses)

\_\_\_\_\_ Part-time (daytime or combination of day & night courses)

\_\_\_\_\_ Part-time: Evening / Weekend

\_\_\_\_\_ **Master of Arts in Practical Theology** (check area of concentration)

\_\_\_\_\_ Christian Education

\_\_\_\_\_ Christian Leadership

\_\_\_\_\_ Pastoral Care/Pastoral Theology

\_\_\_\_\_ Worship

\_\_\_\_\_ **Dual Degree: Master of Divinity / Master of Arts in Practical Theology**

(check preferred schedule and area of concentration in appropriate sections above)

\_\_\_\_\_ **Master of Arts (Theological Studies)** (check area of general concentration and circle specialization)

\_\_\_\_\_ Biblical: Old Testament New Testament

\_\_\_\_\_ Historical-Doctrinal: Theology History Ethics

\_\_\_\_\_ Special Course of Study (Non-degree)

When do you expect to enter? **Term:** \_\_\_\_\_ Summer (July) \_\_\_\_\_ Fall (September) \_\_\_\_\_ Spring (February)

**Year:** \_\_\_\_\_

Are you transferring from another institution? \_\_\_\_\_

If yes, please have a **letter of good standing** sent from the Academic Dean of your current institution.

Have you previously taken courses at Columbia Seminary? \_\_\_\_\_

Term and Year \_\_\_\_\_ Classification \_\_\_\_\_

Are you seeking admission to another seminary? \_\_\_\_\_ Which one(s)? \_\_\_\_\_

Have you been denied admission by any other seminary? \_\_\_\_\_ Which one(s)? \_\_\_\_\_

Why? \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_

**REFERENCES** Please list three persons and their full mailing addresses.

Name \_\_\_\_\_  
A minister Street \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Name \_\_\_\_\_  
A person in business or professional life Street \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Name \_\_\_\_\_  
A professor or school official\* Street \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

\*If you have been out of school more than 5 years, choose another person in business or professional life.

***My signature below indicates that I waive my right to inspect these references, thereby assuring their confidentiality.***

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

*A recent photograph of yourself should accompany this form. Please enclose \$65 for application processing. Checks may be made payable to Columbia Theological Seminary.*

*NOTICE Columbia Theological Seminary admits students of any race, sex, color, national and ethnic origins to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, disability, or national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan program, and other school-administered programs.*

# C O L U M B I A T H E O L O G I C A L S E M I N A R Y

701 South Columbia Drive ▪ P. O. Box 520 ▪ Decatur, Georgia 30031 ▪ 404/378-8821 ▪ 404/377-9696 (fax) ▪  
Admissions@CTSnet.edu (e-mail)

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## SUPPLEMENTAL APPLICATION FOR ADMISSIONS *For Master of Arts (Theological Studies)*

Applicant's Name \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED.

1. Have an official transcript from every college or university and any other institution of higher education in which you have studied sent to the Office of Admissions. If now in school, ask for a current transcript; a final transcript will be needed upon completion of your degree. Have you requested that your transcript(s) be sent to the Office of Admissions? Yes  No

2. An additional recommendation from a professor or school official is required for the M.A.T.S. application.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

3. A personal interview is required. When may your interview be scheduled?

\_\_\_\_\_

4. In a separate statement, recount briefly (*3 – 5 double-spaced pages*) your
- intellectual and theological development, especially in adulthood.
  - reasons for pursuing the Master of Arts in Theological Studies degree.
  - participation in activities related to your theological interests.  
(e.g., church activities, volunteer service).
  - other important aspects of your life (such as family, extracurricular activities, etc.) and their relation to your M.A.T.S. interests.
  - reasons for seeking admission to Columbia Theological Seminary.

5. What are your plans for financing your seminary studies? \_\_\_\_\_

\_\_\_\_\_

6. Will you have an outstanding debt at the time you enter seminary? Yes  No

If yes, how much? \_\_\_\_\_

To whom is money owed? \_\_\_\_\_

What arrangements are you making concerning its repayment? \_\_\_\_\_

\_\_\_\_\_

7. If accepted, will you need seminary housing? Yes  No  for Single \_\_\_\_ Married \_\_\_\_ Family \_\_\_\_

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## Letter of Recommendation

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

To the Recommender:

The person named above is applying for admission to Columbia Theological Seminary and has listed you as a reference. Your candid assessment of this person will be of great assistance to the admissions committee as they evaluate the candidate's credentials, background, vocational goals, and preparation for graduate studies. The admissions committee asks that you respond to each of the four sections below. If you choose, you may add additional comments or supporting documents by attaching them to this form. Candidates will be evaluated for admission at the time their file is complete. If you have questions concerning this form, please contact the admissions office at Columbia Theological Seminary. Thank you for your prompt response.

Please note the candidate  has waived his/her right to access  
 has not waived his/her right to access

### Section 1

What is your relationship to the applicant? How long have you known the applicant?

### Section 2

Please rate the applicant on the following scale:

	Very strong	Somewhat strong	Average	Weak	Very weak	Unknown
Personal religious Life & Church activity	_____					
Spiritual discernment & Vocational commitment	_____					
Personal character & Maturity	_____					
Leadership	_____					
Basic intelligence & Independence of thought	_____					
Oral communication	_____					
Written communication	_____					
Industry & Motivation	_____					

**Section 3**

Please give your candid evaluation of this candidate, including observations and/or insights concerning the applicant's commitment to Christian vocation, ability to engage in graduate-level coursework, and potential for church service.

**Section 4**

*(Please circle one.)*

Would you?    Recommend highly    Recommend    Recommend with reservations    Not recommend

Additional comments:

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

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_