

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 in 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)

SUPPLEMENTAL APPLICATION FOR ADMISSIONS

For Dual Degree: Master of Divinity and Master of Arts in Practical Theology

Applicant's Name _____

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED.

1. Have an official transcript from every college or university and seminary 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. Ask the governing body of your home church (if Presbyterian, ask the session) to complete and submit a Church endorsement Form. This form cites an official action taken at a meeting of the governing body endorsing your plan to do theological studies. Have you requested the form be sent? Yes No

Name of Church _____

Address _____

3. If you are a candidate for ordained, diaconal, certified, rostered, or other officially recognized ministry in your denomination, please have the committee that oversees your preparation for ordination send a letter of recommendation.
4. If you have completed an evaluation process at a career counseling center, please authorize the report to be sent to the Office of Admissions.
5. A personal interview is required. When may your interview be scheduled? _____
6. In a separate statement, recount briefly (3 – 5 double-spaced pages) your
 - a. family and education.
 - b. decision to prepare for leadership in the church or other Christian organization.
 - c. reasons for pursuing a Master of Divinity and Masters of Arts in Practical Theology dual degree.
 - d. identified interest in one of the four areas of concentration within the M.A.P.T program: Christian Education, Church Leadership, Pastoral Care/Pastoral Theology, or Worship.
 - e. participation in activities related to your practical theology concentration interests (e.g., church activities, volunteer service, current position).
 - f. reasons for seeking admission to Columbia Theological Seminary.

7. What are your plans for financing your seminary studies? _____

8. 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? _____

9. 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 _____

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Church Endorsement Form

_____ is a member of the
Applicant to Columbia Seminary

Name of church City, State

At its meeting on _____, we, the
Date

Name of the governing body

voted to endorse this applicant and his/her application to Columbia Theological Seminary,
and we support his/her plan for graduate theological studies and preparation for ministry.

Feel free to attach any additional comments regarding this applicant.

Signature *on behalf of the governing board of applicant's home church*

Name, *printed or typed*

Title or Position

This form may be sent to the admissions office by

FAX 404 687-4575

Email admissions@CTSnet.edu

USPS Admissions Office, Columbia Theological Seminary, P. O. Box 520, Decatur, GA 30031