



SEMINARY APPLICATION FOR ADMISSION

I am a: New Degree-Seeking Applicant
 Reenrolling Degree-Seeking Applicant

For Office Use Only	<input type="checkbox"/> Fee Paid	I.D. #:	Date Rec'd:
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PERSONAL

Last Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First	Middle
Present Address		Name you go by	
City, State, Zip		Home Phone ()	
Permanent Address (if different from above)		Cell Phone ()	
City, State, Zip		Work Phone ()	
Email Address		Social Security #	
Ethnicity (for federal statistics; optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Other		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (m/d/yy)
		Maiden Name (if applicable)	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, choose one: <input type="checkbox"/> Permanent Resident (attach verification) <input type="checkbox"/> Non-Resident		
If a non-resident and living in the U.S., what visa do you hold?	<input type="checkbox"/> F-1 Visa (attach copy of current I-20) <input type="checkbox"/> Other (attach copy)	Visa Expiration Date (m/d/yy)	
If a non-resident and living in the U.S., attach an explanation of your situation.			

MARITAL STATUS

Complete all of the following sections that apply to you:	
<input type="checkbox"/> Single, never married	
<input type="checkbox"/> Married/Engaged to be married: <input type="checkbox"/> Married <input type="checkbox"/> Engaged	Spouse/Fiancé's Full Name Is your spouse/fiancé in favor of you attending CTS? <input type="checkbox"/> Yes If no, attach an explanation. <input type="checkbox"/> No Date of Marriage or Anticipated Date of Marriage (m/d/yy)
<input type="checkbox"/> Widowed	
<input type="checkbox"/> Other: Check all that apply and attach an explanation of the circumstances (include dates and any previous names). <ul style="list-style-type: none"> <input type="checkbox"/> Married to a divorced person <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Marriage Annulled 	

CHURCH

Church You Attend	Denomination/Affiliation
Pastor/Leader's Name	Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Church Address	Church Phone ()
City, State, Zip	
Church Website (or Email Address)	

EDUCATION

List all schools you have attended since high school (attach additional sheet if necessary; reenrolling students only list schools attended since last enrolled at CTS).

Full Name of School	City/State	Dates Attended	Degree or # of Cr. Hrs. Earned

List any school or community activities in which you have been involved (attach additional sheet if necessary; optional if reenrolling).

List any awards or accomplishments you have achieved (attach additional sheet if necessary; optional if reenrolling).

Have you been denied admission to an educational institution? (if reenrolling, check yes if during/after attending CTS) If yes, attach an explanation of the circumstances (include date and name of school). Yes
 No

Have you been placed on any type of probation at an educational institution? (if reenrolling, check yes if during/after attending CTS) If yes, attach an explanation of the circumstances (include date, type of probation, and name of school). Yes
 No

ENROLLMENT

For which semester are you making application? (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring 20____	I plan to attend: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time																		
For which program are you making application? (check one)																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> M.S. Bible and Theology</td> <td style="width: 33%;"><input type="checkbox"/> M.A. Biblical Counseling</td> <td style="width: 33%;"><input type="checkbox"/> M.Div. Pastoral Studies</td> </tr> <tr> <td><input type="checkbox"/> M.S. Christian Studies</td> <td><input type="checkbox"/> M.A. Biblical Studies</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> M.A. Christian Ministry</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> M.A. Christian Theology</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> M.A. New Testament</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> M.A. Old Testament</td> <td></td> </tr> </table>		<input type="checkbox"/> M.S. Bible and Theology	<input type="checkbox"/> M.A. Biblical Counseling	<input type="checkbox"/> M.Div. Pastoral Studies	<input type="checkbox"/> M.S. Christian Studies	<input type="checkbox"/> M.A. Biblical Studies			<input type="checkbox"/> M.A. Christian Ministry			<input type="checkbox"/> M.A. Christian Theology			<input type="checkbox"/> M.A. New Testament			<input type="checkbox"/> M.A. Old Testament	
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Expected Housing Plan: <input type="checkbox"/> Campus Apartment (singles age 23 and over) <input type="checkbox"/> Married Student Housing <input type="checkbox"/> Off-Campus																			
What sources do you plan to use to pay for your education?																			
List any physical or learning limitations that might hinder your academic progress while you are in seminary.																			

REFERENCES

Name of individual completing your pastoral reference (reenrolling students complete if two or more semesters have elapsed since last attended CTS)	
Email (or mailing address) of reference	Phone ()
Name of individual completing your personal reference (not necessary if reenrolling)	
Email (or mailing address) of reference	Phone ()
Name of individual completing your employer reference (not necessary if reenrolling)	
Email (mailing address) of reference	Phone ()

HISTORY

Complete the following (if reenrolling, check yes only if the situation occurred during/after attending CTS):	
Are you now or have you been involved in any substance use or abuse (e.g. drugs, alcohol, tobacco)? If yes, attach an explanation of the circumstances (include dates and extent of problem).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any record of arrest or conviction (excluding a traffic violation)? If yes, attach an explanation of the circumstances (include dates).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had or are you now receiving professional counseling for emotional and/or mental difficulties? If yes, attach an explanation of the circumstances (include dates, any drugs prescribed, and extent of problem).	<input type="checkbox"/> Yes <input type="checkbox"/> No

INFLUENCE

What factors influenced you to <i>apply</i> to CTS (please complete all that apply; if reenrolling, what factors influenced you to return)?	
<input type="checkbox"/> Former/Current Student—Name:	<input type="checkbox"/> Church Leader—Name:
<input type="checkbox"/> Friend	<input type="checkbox"/> Calvary Website
<input type="checkbox"/> Parent	<input type="checkbox"/> Calvary 88.5 KLJC
<input type="checkbox"/> President of Calvary	<input type="checkbox"/> Campus Visit
<input type="checkbox"/> Advertisement—Where did you see the ad?	<input type="checkbox"/> Other:
If you chose more than one factor above, which was the greatest factor influencing your decision?	

STATEMENT

I have read Calvary's Statement of Faith.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree with Calvary's Statement of Faith. If no, attach a statement explaining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Your disagreement(s) with Calvary's position. 2. Whether you are open to instruction and studying about Calvary's position. 3. Whether, while enrolled, you are willing to refrain from promoting views contrary to Calvary.	
I understand that candidates for a degree will be graduated only if they hold to the system of truth as set forth in the Statement of Faith of Calvary Theological Seminary. _____ (initial here)	
In signing this application, I certify that all the information on this application is true and complete. I understand that falsifying any part of this application may result in cancellation of admission and/or registration.	
Applicant's Signature	Date
Note: an unsigned application cannot be processed and will be returned.	

A D D R E S S Calvary Theological Seminary Attn: Admissions 15800 Calvary Road Kansas City, MO 64147	P H O N E (800) 326 - 3960 (816) 322 - 3960	F A X (816) 331 - 4474	E M A I L admissions@calvary.edu	I N T E R N E T http://www.calvary.edu
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Admissions assistance is available Monday through Friday, 8:00 a.m. to 4:30 p.m. (CST)

HAVE YOU ENCLOSED YOUR

\$25 Application Fee?
 My Life with Christ worksheet?
 Photo?
 Résumé?
 Required explanations, if any?