

UNITED THEOLOGICAL SEMINARY

OF THE TWIN CITIES

Application for Admission Degree Student

PART 1.

LAST NAME FIRST MIDDLE PREFERRED
NAME

BIRTH NAME/OTHER NAMES OF RECORD E-MAIL
ADDRESS

PERMANENT ADDRESS

CITY STATE ZIP HOME PHONE

WORK PHONE DATE OF BIRTH M/D/YY

Temporary Address/Phone _____

Effective Through: ___ / ___ / ___

Program to which you are applying:

PROFESSIONAL DEGREE

Master of Divinity
(Optional Concentrations)
Urban Ministry
Pastoral Care and Counseling
Theology and the Arts
Leadership Toward Racial Justice
Methodist Studies
Women's Studies: Religion, Theology and Ministry
Justice and Peace Studies

Master of Arts in Religious Leadership
(Optional Concentrations)
Urban Ministry
Pastoral Care and Counseling

Diploma Program in Indian Ministries

ACADEMIC DEGREE

Master of Arts
WITH A CONCENTRATION IN:
Religion and Theology
Theology and the Arts
Women's Studies:
Religion, Theology and
Ministry
Leadership Toward
Racial Justice
Justice and Peace
Studies

Term for which you are applying:

FALL, 20____ WINTER (JANUARY), 20____ SPRING, 20____ SUMMER (JUNE), 20____

Have you taken any courses at United? ___ Yes ___ No

Do you plan to apply for financial aid? ___ Yes ___ No

Do you plan to live on campus? ___ Yes ___ No

PART 2. ACADEMIC RECORD

List all post-secondary schools, colleges, universities, and seminaries you have attended.

1. _____

Name of School	Location	Dates Attended
_____	_____	_____
Major/Minor	Degree Received	GPA
_____	_____	_____

2. _____

Name of School	Location	Dates Attended
_____	_____	_____
Major/Minor	Degree Received	GPA
_____	_____	_____

3. _____

Name of School	Location	Dates Attended
_____	_____	_____
Major/Minor	Degree Received	GPA
_____	_____	_____

4. _____

Name of School	Location	Dates Attended
_____	_____	_____
Major/Minor	Degree Received	GPA
_____	_____	_____

Have you ever been denied admission to or dismissed from a graduate school or theological seminary? ___ Yes ___ No (If yes, please explain.)

PART 3. DENOMINATIONAL AFFILIATION

This section must be completed if you are seeking a professional degree. If you do not have a denominational affiliation, please state that in this section and use your vocational statement to elaborate. (Denominational affiliation is not a prerequisite for admission. For those seeking an academic degree, sharing information about your denominational affiliation is optional.)

Are you a member of a local church? ___ Yes ___ No

Church name and denomination _____

Church Address _____

Congregational Involvement – Please indicate committees, positions of leadership, or offices held. Attach additional sheets of paper if necessary for complete answers.

Denominational Involvement – Please indicate committees, positions of leadership, or offices held.

Are you seeking ordination? ___ Yes ___ No
If yes, what is your status in that process?

PART 6. VOCATIONAL STATEMENT

Attach one or two typewritten pages describing the vocational direction or goals that lead you to apply for study at United Theological Seminary.

PART 7. REFERENCES

Please let us know who will be providing your references. There are four total references that must be provided. **For the professional degrees (MDIV, MARL)** references are needed from the following categories: employer, minister/spiritual director or mentor, academic professor or mentor, and personal (non-relative).

For the academic degrees (MATA, MART, etc.) references are needed from: two academic professors or mentors, one employer/professional reference, and a personal or spiritual reference. If you have any questions or concerns regarding this section, call the office of Admissions at 651.255.6119.

Reference 1. (Please circle category: Employer, Minister/Spiritual, Academic, Personal)

Name Daytime Phone Number

Address City State Zip

E-mail

Reference 2. (Please circle category: Employer, Minister/Spiritual, Academic, Personal)

Name Daytime Phone Number

Address City State Zip

E-mail

Reference 3. (Please circle category: Employer, Minister/Spiritual, Academic, Personal)

Name Daytime Phone Number

Address City State Zip

E-mail

Reference 4. (Please circle category: Employer, Minister/Spiritual, Academic, Personal)

Name Daytime Phone Number

Address City State Zip

E-mail

Signature **Date**

Send completed application materials and fee to :
Admissions, United Theological Seminary of the Twin Cities
3000 Fifth Street Northwest
New Brighton, MN 55112-2598