



Concordia Theological Seminary

Graduate Studies Office
6600 N. Clinton St.
Fort Wayne, IN 46825-4996
Phone: (260) 452-2203
Fax: (260) 452-2285

MASTER OF ARTS APPLICATION

Please type, or print in ink, all information. The form must be completed in every detail. Answer "n/a" for all items that do not apply to you. A NON-REFUNDABLE fee of \$35 is to accompany this form. Your check or money order should be made payable to: Concordia Theological Seminary.

"It is the policy of Concordia Theological Seminary not to exclude, expel, limit or otherwise discriminate against an individual seeking admission as a student in terms of conditions and privileges of Concordia Theological Seminary because of race, color or national origin."

For the complete text of the Non-Discrimination Policy Statement, see the current catalog (www.ctsfw.edu/AcademicCatalog). The policy of The Lutheran Church—Missouri Synod and its seminaries is to admit only men to programs leading to ordination.

PERSONAL INFORMATION

Name _____ **Social Security #** _____
First (full) Middle (full) Last

Address _____
Street and No., Box, Route City State Zip Code

Telephone _____ **Work Phone** _____ **Cell Phone** _____

Date of Birth _____ **Birth Place** _____
Month / Day / Year City State Country

Country of Citizenship _____ If other than U.S.A., please indicate your status below.
 Immigrant/Permanent Resident Student Visa (F-1) Other _____

Email address _____ **Spouse's Name** _____

Sex: Male Female **Marital Status:** Married Divorced Single Widow/er **No. of Children** _____

The following two questions are federally mandated by the U.S. Department of Education for federal government reporting requirements (for statistical purposes only). They are not factored in admissions decisions.

Are you Hispanic or Latino? Yes No

What is your race/ethnicity? (Select all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

CHURCH MEMBERSHIP INFORMATION

Religion: Denomination _____ Synod _____ District _____
Name of Congregation _____ City/State _____

EDUCATIONAL INFORMATION

List below the information requested for all the colleges you have attended and for the one in which you are presently enrolled.

<u>College/University/Seminary</u>	<u>Location</u>	<u>Dates of Attendance</u>	<u>Degree/Major/Year Received</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: The Registrar's Office must be supplied with an OFFICIAL COPY OF YOUR BACCALAUREATE TRANSCRIPT.

REFERENCES

Three letters of recommendation are required from individuals who are to address the candidate's: 1) character, 2) scholarly intent and 3) ability. Concordia Theological Seminary should expect letters from:

Quarter you wish to enter: Winter 20____ Spring 20____ Summer 20____ Fall 20____

Indicate your intended status: Full-time Part-time

Please tell us why you wish to enter the M.A. Program.

I understand that in reviewing my application, Concordia Theological Seminary (CTS) will receive from other individuals and organizations information and materials relating to my personal, academic and professional background. I agree that this application and all of its enclosures are the property of CTS, and I waive the right to inspect this material if I am denied admission to the program. If I am granted admission to the program, the Family Education Rights and Privacy Act (FERPA) will govern my rights of inspection.

I also authorize the Registrar's Office of CTS to release, as it deems appropriate, my quarterly grade reports and/or cumulative G.P.A. during the time I am a student at CTS to agencies, institutions or others involved in providing funds for my education. I agree to abide by the policies, rules and regulations of CTS.

I certify that all information on this application and other materials provided for admission are accurate, complete and true. I understand that withholding information or giving false information on this application or other materials provided for admission will make me ineligible for admission to CTS and/or result in termination of enrollment at CTS.

THIS APPLICATION IS VALID FOR TWO YEARS FROM THE SIGNED DATE.

Signature _____

Date _____

Printed Name _____