



MASTER OF ARTS IN THEOLOGICAL STUDIES

WWW.SFTS.EDU

GENERAL INFORMATION AND INSTRUCTIONS

The Admissions Committee meets monthly, October through May, and takes action on completed application files on a rolling basis, notifying applicants promptly thereafter. All applications for Fall admission are due by May 1. Applications received after May 1 may be considered at the committee's discretion on a space-available basis.

Housing forms should be returned at the time of application. Housing reservations are made upon confirmation of intent to enroll, which includes receipt of a \$200 tuition deposit.

Application Checklist

1. A completed **application form**.
2. A non-refundable **application fee** of \$50 paid to SFTS at the time of application.
3. **Three personal statements** of approximately 300 to 500 words each, responding to the questions posed on the application.
4. **Three references**
Please print the reference forms and type or print your name clearly. Complete the waiver information at the top of the form before mailing it to your references. Note that if you do NOT waive your right to read the reference, your reference may not be as open or willing to write about you. We suggest you include a stamped envelope with SFTS' address when you forward the form to your references. Please provide references from:
 - a. Two persons who can attest to your academic ability (professors or administrators). If you have been out of college or graduate school for over five years, or come from a large university where you may be unknown to a professor or administrator, you may substitute two professional colleagues;
 - b. One personal friend.
5. **Official transcripts** of all post-secondary school work. Official transcripts should bear the signature and seal of the institution, and be sent directly from the school to SFTS. If you have not completed your bachelor's degree, submit an in-process transcript showing work to date.
6. For **applicants whose native language is not English**, a minimum TOEFL score of **550** on the paper test or **79–80** on the internet based test is required for admission consideration.
7. **All collateral application materials should be sent to:**

SAN FRANCISCO THEOLOGICAL SEMINARY
Director of Enrollment
105 Seminary Road
San Anselmo, CA 94960

DEADLINES:

MAY 1 / Fall Admission

NOVEMBER 1 / Spring Admission

Please read information and instructions prior to completing form, and **type or print** all information.

Term you intend to enter Seminary:

- Fall
- Spring
- Summer 20_____

DEADLINES:

MAY 1 / Fall Admission

NOVEMBER 1 / Spring Admission

PERSONAL INFORMATION

| | | |
|---------------------------|-----------------|-----------|
| Last Name | First | Middle |
| Present Mailing Address | City | State/Zip |
| Alternate Mailing Address | City | State/Zip |
| Home Phone | Alternate Phone | Fax |
| Email | Alternate Email | |

ECCLESIASTICAL RELATIONSHIPS

| | | |
|-----------------|------|-----------|
| Denomination | | |
| Name of Church | | Phone |
| Pastor's Name | | |
| Mailing Address | City | State/Zip |

ACADEMIC BACKGROUND

| | | | |
|---------------------------------|----------|---------------------|----------------------|
| College or University | Location | Dates of Attendance | Degree/Year Received |
| College or University | Location | Dates of Attendance | Degree/Year Received |
| Graduate or Professional School | Location | Dates of Attendance | Degree/Year Received |
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OCCUPATIONAL HISTORY *(Begin with most recent)*

| | | |
|---------------|-------------------|----------|
| From/to Dates | Title/Description | Employer |
| From/to Dates | Title/Description | Employer |
| From/to Dates | Title/Description | Employer |
| From/to Dates | Title/Description | Employer |

REFERENCES

List here the references to whom you will send the enclosed recommendation forms. You are responsible for obtaining three recommendations:

- **Two** from persons who can attest to your academic ability (professors or administrators, or, if you have been out of college or graduate school for over five years or come from a large university where you may be unknown to any professor or administrator, you may substitute two working colleagues);
- **One** from a personal friend.

| | | |
|----------------------------|-------|-----------|
| Name of Academic Reference | Phone | |
| Title and Organization | | |
| Mailing Address | City | State/Zip |

| | | |
|----------------------------|-------|-----------|
| Name of Academic Reference | Phone | |
| Title and Organization | | |
| Mailing Address | City | State/Zip |

| | | |
|-------------------------|-------|-----------|
| Name of Personal Friend | Phone | |
| Mailing Address | City | State/Zip |

REFLECTION

Please reflect upon the following questions. Answers should be 300 to 500 words and **submitted on a separate sheet of paper**. Be sure to include your name on each paper submitted.

1. Briefly state your purpose in pursuing a Master of Arts in Theological Studies degree.
2. What are your interests in the study of theology? What particular aspects of this seminary's curriculum and community support your educational goals?
3. What are your strengths for graduate study?

OPTIONAL INFORMATION

This information is **not** required to be considered for admission. It will be required to become a student.

Date of Birth: Month/Date/Year

Place of Birth

Citizenship

if not a U.S. citizen but coming to the U.S. for study, what type of visa will you have when you begin school?

- F-1 student
- I will need an I-20
- J-1
- Permanent resident

Racial/ethnic category (for U.S. citizens and permanent residents only)

- American Indian or Alaskan Native
- Asian or Pacific American
- Black/African American
- White, non-Hispanic
- Hispanic/Latin American

SIGNATURE

I have read the application and instructions and hereby apply for acceptance to the Master of Arts in Theological Studies degree program at San Francisco Theological Seminary. I have completed this form and all related documents honestly and to the best of my ability.

Full Name

Date

MASTER OF ARTS IN THEOLOGICAL STUDIES: ACADEMIC REFERENCE WWW.SFTS.EDU

Please observe the application deadlines and send the completed reference at your earliest opportunity. Thank you.

DEADLINES

May 1—Fall Admission

December 1—Spring Admission

To be completed by the applicant

Please complete this section, including your signature, and give this form, along with an addressed, stamped envelope (with the appropriate SFTS campus address) to a professor, school administrator, or supervisor to complete and return to SFTS.

NAME OF APPLICANT

Legal family name (surname)

First

Middle

In accordance with the provisions of the Federal Education and Privacy Act of 1974, you have the right, *if you enroll*, to see your letters of recommendation unless you have explicitly waived that right.

I waive my right of access to this recommendation. I do not waive my right of access to this recommendation.

Signature

Date

RETURN TO

SAN FRANCISCO THEOLOGICAL SEMINARY

105 Seminary Road,

San Anselmo, CA 94960

Tel: 800.447.8820 x831

Fax: 415.451.2854

admissions@sfts.edu

TO BE COMPLETED BY THE REFERENCE

Name & Title

Institution & Address

How long and in what capacity have you known the applicant?

OVERALL ACADEMIC EVALUATION

Recommend most enthusiastically Recommend with confidence Recommend with reservation Unable to rate adequately
 Recommend strongly Recommend Not recommended

WRITTEN EVALUATION

On a separate sheet of paper, please comment on each of the following areas in which you have first-hand experience of the applicant's strengths, weaknesses, and relative maturity:

1. intellectual aptitude,
2. personality and character,
3. sense of commitment to tasks undertaken,
4. ability to relate to others, and
5. emotional health.

If the applicant's native language is not English, please comment on the applicant's English proficiency.

Please seal your recommendation letter and this form in the envelope provided by the applicant and return it to the Enrollment Office at the appropriate campus. If you wish to fax or email this recommendation, please also send the original by mail.

Reference's Signature

Date

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Date

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