
MASTER OF DIVINITY – COMPLETING THE APPLICATION

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. For preferential consideration for merit scholarships, which are awarded on the basis of excellent scholarship, as well as ministry leadership and potential. All documents should be completed and postmarked or e-mailed by **March 1. Applications for Fall admission are due by May 1.** Applications received after May 1 will be considered at the committee's discretion on a space-available basis.

Applications for Spring admission are due by **December 1.**

Financial Aid and Housing forms should be returned at the time of application. Admitted students may expect to receive notification of their financial aid package within thirty (30) days of admission. Housing reservations are made upon confirmation of intent to enroll, which includes receipt of a \$200 tuition deposit.

Visit our housing and financial aid section of our website to download the application forms. Subsidized housing available.

San Francisco Theological Seminary's historic residential campus is located in beautiful Marin County, across the Golden Gate Bridge from San Francisco. Daily shuttle to classes at the Graduate Theological Union in Berkeley are available to SFTS students.

Application Checklist

1. A completed **application form.**
2. A non-refundable **application fee** of \$50 paid to SFTS at the time of application.
3. **Five personal statements** of approximately 300 to 500 words each, responding to the questions given on the application.
4. **Four references**
Please type or print your name clearly on the enclosed reference forms. 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 church official to whom you are not related (pastor, elder, deacon); and
 - c. 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:

MARCH 1 Preferential consideration
for merit scholarships
MAY 1 Fall Admission*
DEC. 1 Spring Admission

*Late applicants considered on a
space-available basis.

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

Term you intend to enter Seminary:

- Fall
- Spring
- Summer (*Special M.Div. only*) 20_____

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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		
Name of Presbytery or other Ordaining Body	Phone	
Mailing Address	City	State/Zip
Name of Presbytery/Ordaining Body Official		
Status: <input type="checkbox"/> Inquirer <input type="checkbox"/> Candidate <input type="checkbox"/> Ordained <input type="checkbox"/> Other: (<i>please describe</i>)_____		
Date Received or Expected to be Received Under Care: _____		

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 *(Please list those who will complete your reference forms)*

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 Church Official	Phone	
Title and Organization		
Mailing Address	City	State/Zip

Name of Personal Friend	Phone	
Mailing Address	City	State/Zip

SIGNATURE

I have read the application and instructions and hereby apply for acceptance to the Master of Divinity 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
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Please observe the application deadlines and send the completed reference at your earliest opportunity. Thank you.

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March 1—Preferential consideration for merit scholarships

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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.

SignatureDate

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 SignatureDate

MASTER OF DIVINITY APPLICATION – CHURCH OFFICIAL REFERENCE WWW.SFTS.EDU

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Name & Title

Church Name & Address

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

Is the applicant under care of the session (or official board) of the local church? Yes, as of _____ No

If not, when do you expect that action to be taken? _____

Is your church planning to support the applicant financially, and if so, in what amount? Yes, \$ _____ No

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