



3401 Brook Road, Richmond, Virginia 23227
Telephone: 800.229.2990 | Fax: 804.355.3919 | Email: admissions@upsem.edu

APPLICATION FOR ADMISSION MASTER OF THEOLOGY

- Area of Concentration:*
- Christian Education
 - History
 - New Testament
 - Old Testament
 - Theology/Ethics

(Please print or type)

PERSONAL INFORMATION

Name _____
Last Name/Surname First Middle (Name wish to be called)

Present mailing address _____

City / State / Postal/Zip Code / Country _____

E-mail _____ Mobile phone () _____

Home phone () _____ Work phone () _____

Permanent mailing address (if different from above) _____

City / State / Postal/Zip Code / Country _____

Current occupation _____

If you have a Social Security Number, please provide it: _____

Citizenship _____ Visa Type _____

Alternate contact person (who might be able to locate you if the need arises)

Relationship _____ Phone () _____

Address _____

APPLICATION DEADLINE
February 15

For matriculation in the
academic year beginning
September, 20 _____

EMPLOYMENT RECORD

Please list your relevant employment experiences and fields of service.

Church/Company/Institution _____ Location _____

Position _____ From _____ To _____

Church/Company/Institution _____ Location _____

Position _____ From _____ To _____

Church/Company/Institution _____ Location _____

Position _____ From _____ To _____

Church/Company/Institution _____ Location _____

Position _____ From _____ To _____

Church/Company/Institution _____ Location _____

Position _____ From _____ To _____

RECORD OF PREVIOUS ACADEMIC AND PROFESSIONAL TRAINING

List **all** colleges, universities, and graduate institutions you have attended. It is the responsibility of the applicant to request that these institutions send official transcripts directly to the Office of Admissions at Union Presbyterian Seminary.

Undergraduate:

Name of institution _____ Location _____

Major field(s) of study _____ Attended from _____ To _____ Degree Received _____ Year _____

Name of institution _____ Location _____

Major field(s) of study _____ Attended from _____ To _____ Degree Received _____ Year _____

Name of institution _____ Location _____

Major field(s) of study _____ Attended from _____ To _____ Degree Received _____ Year _____

Graduate:

Name of institution _____ Location _____

Major field(s) of study _____ Attended from _____ To _____ Degree Received _____ Year _____

Name of institution _____ Location _____

Major field(s) of study _____ Attended from _____ To _____ Degree Received _____ Year _____

Name of institution _____ Location _____

Major field(s) of study _____ Attended from _____ To _____ Degree Received _____ Year _____

What academic honors or other awards have you received? _____

Other professional training (e.g., CPE): _____

LANGUAGE COMPETENCIES

a. Applicant's first or native language, if other than English _____

International students who do not speak, write, and read English as their first language are required to submit scores from the Test of English as a Foreign Language (TOEFL) and/or the Test of Written English (TWE). Those who have completed four years of bachelor's-level study or higher in an English-speaking institution may request an exemption from the requirement to submit TOEFL and TWE scores from the Director of Admissions.

TOEFL test date _____

b. Other contemporary languages (indicate for each the number of academic years studied and degree of fluency acquired in reading and speaking) _____

c. Classical, including biblical, languages (indicate for each the number of academic courses taken or years of study, and level of reading competence attained) _____

PUBLICATIONS

Please list any published articles and books which you have written or edited (title, date, place, publisher):

PROPOSED AREA OF STUDY AND RESEARCH

Statement of purpose: On a separate sheet, please describe your primary goals in seeking admission to this degree program and your proposed focus of study.

REFERENCES (non-family)

List the names, with titles, of three persons you have asked to provide references.

1. Name _____ Title _____

Address _____

City/State/Zip/Postal Code _____

Phone () _____ E-mail _____

Relation to you _____

2. Name _____ Title _____

Address _____

City/State/Zip/Postal Code _____

Phone () _____ E-mail _____

Relation to you _____

3. Name _____ Title _____

Address _____

City/State/Zip/Postal Code _____

Phone () _____ E-mail _____

Relation to you _____

Please give us the names of any members of the faculty of Union Presbyterian Seminary (other than persons listed above as reference(s)) with whom you have discussed this program of studies.

Please note: A non-refundable fee of \$65 must be submitted with this form. The application will not be considered complete until supporting academic transcripts, references, background check, and pertinent examination scores (TOEFL and/or TWE) have been received. Each applicant who is admitted will be asked to submit a non-refundable tuition deposit of \$100.

Return this form to: **Director of Admissions**
Union Presbyterian Seminary
3401 Brook Road
Richmond, VA 23227

Please keep copies of material you mail.

Signature of applicant _____ Date _____

Union Presbyterian Seminary welcomes and seriously considers applications for admissions from qualified applicants without regard to gender, sexual orientation, race, ethnicity, national origin, or physical disability.