



APPLICATION

I. PERSONAL INFORMATION

First Name: _____ Middle: _____ Last: _____

Male Female Date of Birth (Month/Day/Year): _____

Social Security Number (optional): _____

Last name(s) on previous transcripts (if different from above): _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Email Address: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Place of Birth (City/Country): _____ Citizenship: _____

II. DEGREE PROGRAM

Application is being made for the following degree (check one only):

Diploma

Ministerial Studies

Graduate Programs

Master of Arts - Mission & Leadership

Master of Divinity

Doctor of Ministry

Non-Degree Options

Certificate/Official Auditor

III. DESIRED STARTING MONTH

IV. EDUCATIONAL INFORMATION

List every post-high school institution where at least one course was taken for credit:

School State/Country	Date Attended	Degree	Date Awarded/Expected
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE FOR MAML APPLICANTS: You must request that each institution send an official transcript of academic work to the Admissions Office at CTS. If transcripts are sent to you, submit an official unopened copy with your application materials to the Admissions Office.

Do you consider your scholastic records an accurate representation of your academic abilities?

Yes No (If no, please explain on a separate sheet attached to application.)

V. RECOMMENDATIONS

List the names and addresses of two references as indicated. Please use the recommendation forms provided for you and have the completed forms sent directly to CTS. (References from family members or spouses are not accepted.)

First Name	Street Address	City	State	County	Zip Code	Phone
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Ministerial Reference

Academic Reference

VI. CHURCH INFORMATION

Name of current church and city: _____

Is this your home church? Yes No Pastor's Name: _____

Specific denominational affiliation of church: _____

Are you (check one): Pastor Staff member Member Regular attender Occasional attender

VII. WORK HISTORY

(Please attach a resume if available)

Present Occupation: _____ Organization and dates: _____

VIII. PERSONAL STATEMENTS

Please type, attach all responses, and include your name on each page. Responses will serve as your writing sample, which we will evaluate for your ability to communicate clearly.

- 1. Write a brief autobiographical statement.** Be sure to comment on your commitment to Christ, the significant factors which have aided your growth as a Christian, the important events and people shaping your identity as a person, and areas in which you are experiencing growth. Describe your calling to Christian ministry (two pages maximum).
- 2. Write a statement explaining your ministerial goals.** Summarize your previous ministry experience, your gifts and describe your current involvement in your local church or Christian ministry (two pages maximum).
3. Do you wish to comment on any relevant medical or psychological history that may help us accommodate your needs?

IX. COMPLETE AND SIGN YOUR APPLICATION

I hereby declare that all information presented in this application is accurate and complete.

Signature: _____ Date: _____

Robert E. Cooley Theological Seminary does not discriminate based on race, gender, national or ethnic origin, age, handicap, or veteran status.

1. Complete the application in full, include the \$50 application fee made out to **Robert E. Cooley Theological Seminary** and send it to: m.poe@cooleyseminary.org
2. Completed applications must be received no later than one month before the beginning of the expected start term.
3. A decision regarding admission is normally made within two weeks after the application is received, including all transcripts and reference forms (where applicable). You will be notified immediately after a decision has been made.
4. If you have any questions, please call 864-423-4292.