

# APPLICATION GUIDELINES for MEMPHIS THEOLOGICAL SEMINARY

Rev. 3-2015

The application materials you need to provide are determined by the program for which you apply.

If you apply as a **degree-seeking** student (MAYM, MAR or MDiv), you will need to provide:

- the \$45 application fee
- a completed application form
- official transcripts from each and every college, university, and graduate school you have ever attended
- three completed reference forms; one each from a clergy person, a lay person, and an academician
- a personal essay as detailed on the application form
- the "Goals for Theological Education" form

## A note on application forms

Please complete as much information as possible. Blank spaces will delay and possibly prevent your admissions. Race, gender, and other personal information are **required** by the government and will not affect your admissions. The "Goals for Theological Education" is for the Academic Advisor assigned to you.

## A note on transcripts

To be official, transcripts must be mailed to the MTS Admissions Office directly from your former school. *We need transcripts from every school (beyond high school) you have attended, even if you only took one class. Requests for transfer of any relevant Graduate credit should be made by applicant prior to application deadline.*

## A note on reference forms

Please only use the reference forms provided by the MTS Admissions Office. References from members of your family are not acceptable. Your academic reference should come from someone who has taught you on the college level or higher. If none of your former professors are still living, a reference from a professor who knows you well may suffice. *If your academic reference is not properly qualified your application will not be accepted.*

## A note on placement testing

If you have been informed that you need to undergo placement testing, please provide all application materials at least one month prior to the application deadline.

## A note on application deadlines

Application deadlines each year are August 10 for the fall semester, January 10 for the spring semester, and May 31 for the summer terms. Please note that only transfer students may enter MTS during a summer term.

## QUESTIONS?

If you have questions concerning MTS or the application process, contact the Admissions Office  
(901) 334-5804 fax (901) 452-4051 admissions@memphisseminary.edu

**Mail all Application Materials to:  
Admissions Office  
Memphis Theological Seminary  
168 East Parkway South  
Memphis, TN 38104-4395**

**INSTRUCTIONS**

1. Fill in all blanks on this form as completely as you can. This application form must be complete to be accepted. **Forms with blank spaces will be returned.** Your potential for graduate level work is assessed in part by how carefully you complete this form.
2. Enclose the application fee of \$45.00. This fee is non-refundable. Applications are not accepted without the application fee.
3. Deadlines for application are: Fall semester—August 10; Spring semester—January 10; Summer term—May 31.
4. Request official transcripts of your academic record to be sent directly to the Admissions Office at M.T.S. from each college, graduate school and/or seminary you have attended. If you apply before graduation, you should request that the partial transcript be sent to M.T.S. as soon as possible. **Final approval for admission is dependent upon receipt of the final official transcript indicating degree received and date awarded.**
5. Complete sections I and II of the three student reference forms and sign them. Give the forms to the persons who will be providing references. **References from members of your family are not acceptable.**
6. Enclose a personal essay of **three to five typed, double-spaced pages** containing: (1) a brief biography; (2) a narrative of your spiritual journey; (3) your reasons for wanting to study at a theological seminary; (4) your perceptions of key issues confronting the church in the world today.
7. Complete the "Goals of Theological Education" form to be used by your Academic Advisor.
8. You will receive written notification of approval or disapproval of your application. Approved admission is valid for one year after the original proposed semester of enrollment. Thereafter, a new application is required.

*Please type or legibly print your responses. (CHOOSE ONE IN EACH CATEGORY)*

**DEGREE YOU ARE SEEKING:**

- Master of Divinity
- Master of Arts (Religion)
- Master of Arts in Youth Ministry

**STATUS:**

- Full Time
- Part Time

**ANTICIPATED ENROLLMENT: 20\_\_**

- Fall Semester
- Spring Semester
- Summer Semester

**For Office Use Only**

Date Received _____	Fee _____	
Undergraduate transcript	Clergy _____	Goals _____
GPA _____	Academic _____	Personal _____
Graduate transcript	Lay _____	Essay _____
GPA _____	Denomination _____	

Date of Application \_\_\_\_\_, 20 \_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
 Last First Middle Preferred Name (Nickname)

Present Mailing Address \_\_\_\_\_  
 Street number or box

County City State Zip E-Mail address

Social Security Number \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

**ANSWER ALL QUESTIONS IN THIS BOX. This information is used only for government reporting and statistical analysis.**

Are you a veteran?  Yes  No

Are you (check ONE):  
 U.S. Citizen  Resident Alien  
 Other (specify citizenship): \_\_\_\_\_

Gender \_\_\_\_\_ Marital Status \_\_\_\_\_ Race \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Number of dependent children \_\_\_\_\_  
 Person to contact in case of emergency (NOT your spouse):

Name _____	Relationship _____	Home Phone _____
Street number or Box _____	City _____ State _____ Zip _____	Work Phone _____

Official name of your denomination (be exact) \_\_\_\_\_ Ordained Clergy?  Yes  No

Name of judicatory (Presbytery, Conference, Diocese, etc.) \_\_\_\_\_

If you are a candidate for the ministry, are you approved by your judicatory/association?  Yes  No. If yes, give name and

Name

Complete Address (include zip code)

**REFERENCES (not relatives)**

List the names and addresses of persons who will provide references. Reference forms are included with this application packet. **Be sure you sign each form** and indicate whether or not you waive your right to access, then give one to each of the persons you list below.

Clergy \_\_\_\_\_

Name

Complete Address (include zip code)

Academic \_\_\_\_\_

Name

Complete Address (include zip code)

Lay \_\_\_\_\_

Name

Complete Address (include zip code)

**ACADEMIC BACKGROUND**

List your complete record of formal academic study **after high school**, including any institution in which you are currently enrolled. (Attach a separate sheet if necessary)

Institution	Dates Attended	Major Field	Degree/Date
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Describe any academic or other honors received.

**EMPLOYMENT BACKGROUND**

List your employment background for the past ten (10) years, including military service if applicable. (Attach a separate sheet if necessary)

Name of Employer	Location	Position	Dates of Employment
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**HEALTH**

Please describe any physical or emotional limitations or learning difficulties, of which the seminary should be aware.

**FINANCES**

How do you plan to finance your seminary education? \_\_\_\_\_

Do you expect to need financial aid for educational purposes?  Yes  No

*(If you intend to apply for federal financial aid, you should do so as soon as possible after your admission is approved.)*

**I certify that the information given on this form is true and correct to the best of my knowledge and belief. Furthermore, if I am admitted I agree to be bound by the rules, regulations, and policies of the seminary as contained in The Student Handbook.**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Return application to:

**Office of Admissions**

Memphis Theological Seminary

168 East Parkway South

Memphis, TN 38104

Phone

(901) 334-5804

Fax

(901) 452-4051

www.MemphisSeminary.edu

**As a matter of policy, Memphis Theological Seminary does not discriminate among applicants on the basis of race, creed, gender, ethnic origin, or handicap**

# CLERGY REFERENCE FORM

## Memphis Theological Seminary

### I. REQUEST (to be completed by applicant)

This form is to serve as my clergy reference.

\_\_\_\_\_ has applied for admission to Memphis Theological Seminary for the \_\_\_\_\_ term, 20\_\_\_\_, to pursue a \_\_\_\_\_ degree, and has given your name as a reference. We would appreciate your careful, candid, and complete assessment of the applicant. Please note whether the applicant has or has not waived the right to access to this document.

### II. WAIVER (to be completed by applicant)

I, the undersigned,  waive  do not waive my right of access to this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### III. EVALUATION (to be completed by person providing recommendation)

You are asked to rate the applicant on the following characteristics, qualities, and attitudes. On a scale of five, five is the highest rating and one is the lowest. Check the appropriate box. If you have insufficient knowledge of the person for a rating on a given item, check IK.

	5	4	3	2	1	IK
Performance of assignments and tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughtfulness of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An inquiring mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for graduate/professional study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(over)

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**IV. ADDITIONAL COMMENTS** (to be completed by person providing recommendation)

1. Please comment on the applicant's suitability for and promise as a ministry/lay worker in the church.
2. How would you characterize the applicant as to emotional maturity and stability?
3. What is your assessment of the applicant's religious orientation and experience in the life of the church?
4. Comment on any problems, limitations, or handicaps, or other factors which might adversely affect the applicant's performance as a student at Memphis Theological Seminary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**V. Personal Information** (to be completed by person providing recommendation)

Please print or type

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Your Occupation \_\_\_\_\_

Your Employer \_\_\_\_\_

**CLERGY**

Return to:

**Admissions Office  
Memphis Theological Seminary  
168 East Parkway South  
Memphis, TN 38104-4395**

**If you have any questions, please contact the Office of Admissions at (901) 334-5804**

# LAY REFERENCE FORM

## Memphis Theological Seminary

### I. REQUEST (to be completed by applicant)

This form is to serve as my lay reference.

\_\_\_\_\_ has applied for admission to Memphis Theological Seminary for the \_\_\_\_\_ term, 20\_\_\_\_, to pursue a \_\_\_\_\_ degree, and has given your name as a reference. We would appreciate your careful, candid, and complete assessment of the applicant. Please note whether the applicant has or has not waived the right to access to this document.

### II. WAIVER (to be completed by applicant)

I, the undersigned,  waive  do not waive my right of access to this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### III. EVALUATION (to be completed by person providing recommendation)

You are asked to rate the applicant on the following characteristics, qualities, and attitudes. On a scale of five, five is the highest rating and one is the lowest. Check the appropriate box. If you have insufficient knowledge of the person for a rating on a given item, check IK.

	5	4	3	2	1	IK
Performance of assignments and tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughtfulness of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An inquiring mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for graduate/professional study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**IV. ADDITIONAL COMMENTS** (to be completed by person providing recommendation)

1. Please comment on the applicant's suitability for and promise as a ministry/lay worker in the church.
2. How would you characterize the applicant as to emotional maturity and stability?
3. What is your assessment of the applicant's religious orientation and experience in the life of the church?
4. Comment on any problems, limitations, or handicaps, or other factors which might adversely affect the applicant's performance as a student at Memphis Theological Seminary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**V. Personal Information** (to be completed by person providing recommendation)

Please print or type

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Your Occupation \_\_\_\_\_

Your Employer \_\_\_\_\_

**LAY**

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Memphis Theological Seminary  
168 East Parkway South  
Memphis, TN 38104-4395**

**If you have any questions, please contact the Office of Admissions at (901) 334-5804**

# ACADEMIC REFERENCE FORM

## Memphis Theological Seminary

### I. REQUEST (to be completed by applicant)

This form is to serve as my academic reference. (undergraduate or graduate level only)

\_\_\_\_\_ has applied for admission to Memphis Theological Seminary for the \_\_\_\_\_ term, 20\_\_\_\_, to pursue a \_\_\_\_\_ degree, and has given your name as a reference. We would appreciate your careful, candid, and complete assessment of the applicant. Please note whether the applicant has or has not waived the right to access to this document.

### II. WAIVER (to be completed by applicant)

I, the undersigned,  waive  do not waive my right of access to this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### III. EVALUATION (to be completed by person providing recommendation)

**PLEASE DO NOT COMPLETE THIS FORM IF YOU HAVE NOT TAUGHT IN A COLLEGE, UNIVERSITY OR SEMINARY.**

You are asked to rate the applicant on the following characteristics, qualities, and attitudes. On a scale of five, five is the highest rating and one is the lowest. Check the appropriate box. If you have insufficient knowledge of the person for a rating on a given item, check IK.

	5	4	3	2	1	IK
Performance of assignments and tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughtfulness of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An inquiring mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for graduate/professional study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**IV. ADDITIONAL COMMENTS** (to be completed by person providing recommendation)

1. Please comment on the applicant's suitability for and promise as a ministry/lay worker in the church.
  
2. How would you characterize the applicant as to emotional maturity and stability?
  
3. What is your assessment of the applicant's religious orientation and experience in the life of the church?
  
4. Comment on any problems, limitations, or handicaps, or other factors which might adversely affect the applicant's performance as a student at Memphis Theological Seminary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PLEASE DO NOT COMPLETE THIS FORM IF YOU HAVE NOT TAUGHT IN A COLLEGE, UNIVERSITY OR SEMINARY.**

**V. Personal Information** (to be completed by person providing recommendation)

Please print or type

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

**ACADEMIC**

**College, University, or Seminary at which  
you hold, or have held a teaching position.** \_\_\_\_\_

Position at this institution \_\_\_\_\_

Return to:

**Admissions Office  
Memphis Theological Seminary  
168 East Parkway South  
Memphis, TN 38104-4395**

**If you have any questions, please contact the Office of Admissions at (901) 334-5804**

Office Use Only

\_\_\_\_\_  
Advisor

## GOALS OF THEOLOGICAL EDUCATION

Name \_\_\_\_\_

Date \_\_\_\_\_

In order to assist the faculty in advising and evaluating your needs, please answer each of the following questions in a concise paragraph. You have the option of using a separate sheet if you prefer.

1. What are your academic goals in seeking a theological education at MTS?

2. What are your spiritual expectations for your seminary experience?

(over)

