

Austin Graduate School of Theology

Application for Admission

Master of Arts in Theological Studies

PERSONAL INFORMATION

LAST NAME FIRST MIDDLE (MAIDEN) SOCIAL SECURITY NO.

PERMANENT ADDRESS CITY STATE ZIP AREA CODE PHONE NO.

PRESENT ADDRESS CITY STATE ZIP AREA CODE PHONE NO.

AREA CODE WORK PHONE NO. CURRENT EMPLOYER LENGTH OF EMPLOYMENT

The following requested information will be held confidential and in no way affects you as an individual applicant. It will be used for reporting purposes and in accordance with the applicable Federal laws, rules and regulations.

Date of Birth _____ Place of birth _____
MONTH DAY YEAR CITY STATE COUNTRY

Gender: _____ Country of Citizenship _____ E-mail _____

Church Membership _____

Circle One: Single Married Separated Divorced Widowed

Name of Spouse _____

Your ethnic origin (circle one): Hispanic Black White Asian Native American

Other ethnic origin _____

Have you served in the U.S. military? _____ Specify _____

Dates _____ Type of Discharge _____

Are you eligible for Veteran's benefits? _____ (if yes, contact ICS for more information).

Do you have any physical handicaps or severe health problems? _____

Please specify: _____

Have you ever been under a doctors care for emotional problems or been hospitalized for treatment for such problems? _____ Dates _____

If you are presently taking any medication prescribed by a physician for above listed conditions, please specify. _____

PREVIOUS EDUCATION AND PLANS

How did you first hear about Austin Grad? _____

In which semester do you wish to begin your studies at Austin Grad? _____

Will you apply for financial aid? _____

Where did you receive your high school diploma? _____

List all colleges, universities, and professional schools you have attended. Use the back of this sheet if necessary:

College, University, School	Dates Attended	Major	Degree earned or expected

Do you intend to petition to count graduate work taken at another university toward your degree at AGST? _____. *If yes, please list on the backside of this sheet the course numbers and titles, together with the dates and institutions involved.*

Reference letters must be requested of three people not related to you. One must come from a minister in the congregation in which you have active membership /full communion. Another reference must come from a professor who can accurately assess your suitability for graduate study. These letters should also speak to your honorable character. I waive ____/ do not waive _____ my right to see my evaluations.

I have requested reference letters from the following persons:

Name and telephone #	Address (include zip)

ESSAY OF INTENT

Please submit a 1-2 page essay explaining your motivation for ministry and your goals for a life in ministry. Please also explain how you think this degree program will help you achieve these plans. Return this essay with your application.

Student's signature _____ Date _____

Please return application to: Austin Graduate School of Theology
 Admissions Department
 7640 Guadalupe Street
 Austin, T X 78752
 512-476-2772 phone / 512-476-3919 fax