



**Concordia Theological Seminary**  
 Graduate Studies Office  
 6600 North Clinton Street  
 Fort Wayne, IN 46825-4996  
 (260) 452-2203

**MASTER OF ARTS APPLICATION**

Please type, or print in ink, all information. The form must be completed in every detail. Answer "n/a" for all items that do not apply to you. A NON-REFUNDABLE fee of \$35 is to accompany this form. Your check or money order should be made payable to: Concordia Theological Seminary.

"It is the policy of Concordia Theological Seminary not to exclude, expel, limit or otherwise discriminate against an individual seeking admission as a student in terms of conditions and privileges of Concordia Theological Seminary because of race, color, or natural origin."

For complete text of the Non-Discrimination Policy Statement, see the current catalog. The policy of the LCMS and its seminaries is to admit only men to programs leading to ordination.

**PERSONAL INFORMATION**

**Name** \_\_\_\_\_ **Social Security #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
First (full) Middle (full) Last

**Address** \_\_\_\_\_  
Street and No., Box, Route City State Zip Code

**Telephone #** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Work Telephone #** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

**Country of Citizenship** \_\_\_\_\_ If other than U.S.A., please indicate your status below.

Immigrant/Permanent Resident  Student Visa (F-1)  Other \_\_\_\_\_

**E-mail address** \_\_\_\_\_

*The information below is useful for statistical purposes. Disclosure of all information in this section is voluntary.*

**Sex:**  Male  Female **Marital Status:**  Married  Divorced  Single  Widow/er **No. of Children** \_\_\_\_\_

**Race:**  African-American  Asian/Pacific Islander  Caucasian/White  Hispanic  Native American  Other

**CHURCH MEMBERSHIP INFORMATION**

**Religion:** Denomination \_\_\_\_\_ Synod \_\_\_\_\_ District \_\_\_\_\_

Name of Congregation \_\_\_\_\_ City/State \_\_\_\_\_

**EDUCATIONAL INFORMATION**

*List below the information requested for all the colleges you have attended and for the one which you are presently enrolled.*

<u>College/University/Seminary</u>	<u>Location</u>	<u>Dates of Attendance</u>	<u>Degree/Major</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: The Registrar's Office must be supplied with an OFFICIAL COPY OF YOUR BACCALAUREATE TRANSCRIPT.

**REFERENCES**

Three letters of recommendation are required from individuals who are to address the candidate's: 1) character, 2) scholarly intent, and 3) ability.

For what purpose do you wish to attend Concordia Theological Seminary?

\_\_\_\_\_

**Quarter you wish to enter:**     Fall 20\_\_\_\_     Winter 20\_\_\_\_     Spring 20\_\_\_\_     Summer 20\_\_\_\_

**Indicate your intended status:**         Full-time         Part-time

I understand that in reviewing my application, Concordia Theological Seminary will receive from other individuals and organizations information and materials relating to my personal, academic and professional background. I agree that this application and all of its enclosures are the property of Concordia Theological Seminary and I waive the right to inspect this material if I am denied admission to the program. If I am granted admission to the program, the Family Education Rights and Privacy Act (FERPA) will govern my rights of inspection.

I certify that all information on this application and other materials provided for admission are accurate, complete and true. I understand that withholding information or giving false information on this application or other materials provided for admission will make me ineligible for admission to CTS and/or result in termination of enrollment at CTS.

**THIS APPLICATION IS VALID FOR TWO YEARS FROM THE SIGNED DATE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

4/2005