

FRANCISCAN SCHOOL OF THEOLOGY

APPLICATION FOR ADMISSION

1712 Euclid Avenue
Berkeley, CA 94709
(510) 848-5232
(800) 793-1378
Fax: (510) 549-9466
www.fst.edu



PERSONAL INFORMATION

Name: _____
Last Name First Name Middle Initial

Other names that appear on your records: _____

Current Address: _____
Street Address

_____ City State Zip/City Code Country if not US

Permanent Address: _____
Street Address

_____ City State Zip/City Code Country if not US

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

Date of Birth: ____/____/____ Citizenship: _____
Month Day Year

City of Birth: _____ State/Country of Birth: _____

Male Female Single Married

Religious Congregation or Diocese (if religious or priest): _____

Social Security Number or Tax ID Number: _____

Ethnicity (optional) Check one and fill in additional self-identification, if desired:

African Caribbean European Native American
 African-American/Black Caucasian/White Latino(a)/Hispanic Pacific Islander
 Asian East Indian Multiethnic Other _____

Further Self-Identification: _____

International Students Only

F-1 Student Visa US Permanent Resident Other: _____

English Proficiency

I have requested TOEFL scores to be sent to FST.
 I have requested other agency scores to be sent to FST. Agency name: _____
 I request a waiver from English proficiency testing. Reason: _____

APPLICATION INFORMATION

Semester applying for: Fall 20____ Spring 20____

Full time / part time: Full Time (9-12 semester units) Part Time (under 9 semester units)

Have you applied to FST before? No Yes When? _____

Program applying for:

- Master of Arts in Ministry for a Multicultural Church (MAMC)
- Master of Theological Studies (MTS)
- Master of Divinity (M.Div.)
- Concurrent Master of Arts in Ministry for a Multicultural Church / Master of Theological Studies
- Concurrent Master of Arts in Ministry for a Multicultural Church / (GTU) Master of Arts
- Concurrent Master of Divinity / (GTU) Master of Arts
- Special Student Status / Sabbatical

Housing needs: I will need housing I will commute

Financial aid: I intend to apply for financial aid I do not intend to apply for financial aid

ACADEMIC BACKGROUND

Name of Institution: _____

Location: _____ Dates of Attendance: _____

Degree or Major: _____ Year Received or Expected: _____

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Location: _____ Dates of Attendance: _____

Degree or Major: _____ Year Received or Expected: _____

Name of Institution: _____

Location: _____ Dates of Attendance: _____

Degree or Major: _____ Year Received or Expected: _____

Have an official transcript from each institution sent directly to Office of Admissions, Franciscan School of Theology, 1712 Euclid Avenue, Berkeley, CA 94709. International transcripts must be translated into English by a certified educational evaluation service.

MINISTERIAL AND PROFESSIONAL BACKGROUND

Company/Institution: _____

Position: _____ Dates: _____

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LETTERS OF RECOMMENDATION For degree program applicants. See *Letter of Recommendation* forms included in this packet.

Name: _____ Title: _____

Phone: (_____) _____ Email: _____

Name: _____ Title: _____

Phone: (_____) _____ Email: _____

Name: _____ Title: _____

Phone: (_____) _____ Email: _____

STATEMENT OF PURPOSE Attach a 500 to 700 word essay describing:

- Your vocational goals
- Your intellectual and pastoral interests
- Why you feel the Franciscan School of Theology will meet your needs

APPLICATION FEE Include a US \$40 application fee payable to Franciscan School of Theology.

SIGNATURE I understand that all application forms, fees, and documentation remain the property of the Franciscan School of Theology and cannot be returned. I also understand that no decision on my application can be made until all required application elements have been received.

_____/_____/_____
Signature of Applicant Month Day Year

Privacy Statement: The Franciscan School of Theology will keep all information in this application confidential.
Non-Discrimination Policy: The Franciscan School of Theology repudiates all discriminatory practices, specifically those based on race, color, religion, national origin, age, sex, disability, or any other protected status.

Applicant's Checklist:
 Application completed
 Transcripts requested
 3 Letters of Recommendation requested
 Statement of Purpose prepared
 \$40 Application Fee enclosed

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LETTER OF RECOMMENDATION

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APPLICANT INFORMATION To be completed by applicant

I, _____, am applying for admission to the Franciscan School of Theology. In accordance with federal regulations, letters of recommendation may be made available to the applicant.

- I waive the right to have access to this letter of recommendation.
- I do not waive the right to have access to this letter of recommendation.

Provide each recommender with a stamped envelope addressed to Office of Admissions, Franciscan School of Theology, 1712 Euclid Avenue, Berkeley, CA 94709.

Signature of Applicant

_____/_____/_____
Month Day Year

RECOMMENDER INFORMATION To be completed by recommender

Name: _____
Last Name First Name Middle Initial

Title: _____

Address: _____
Street address

City State Zip Country if not US

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Attach a letter stating your assessment of the applicant's capacity for graduate work in theology and/or potential for ministerial leadership. Give both assets and liabilities, and indicate how the applicant compares with other graduate students and/or ministerial leaders you have known.

Signature of Recommender

_____/_____/_____
Month Day Year

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