

CHRISTIAN COMMITMENT & EXCELLENCE IN LEARNING



APPLICATION FOR ADVANCED DEGREES

Due West ♦ Columbia



ERSKINE

THEOLOGICAL SEMINARY

For Christ and His Church

ERSKINE THEOLOGICAL SEMINARY, P.O. BOX 668, DUE WEST, SOUTH CAROLINA 29639



Instructions for Seminary Applicants

ERSKINE

THEOLOGICAL SEMINARY

For All Students

1. **Application Form:** Complete each question applicable to you and sign the application form. The application needs to be typed or printed in blue or black ink.

2. **600 Word Statement:** Type a 600-word statement reviewing your achievements, strengths, and weaknesses in ministry, and explaining how the program will contribute to your competence in ministry and service to the church.

D. Min. applicants also are to submit an example of their work (essay) from their Master's program.

3. **Application Fee:** Submit a \$35 non-refundable application fee along with your application. Please make the check or money order payable to Erskine Seminary. (Please note that if you are accepted and choose to delay enrollment by more than one year, you will be required to repeat the application process in its entirety and pay another application fee.)

4. **Photograph:** Please submit a recent color photograph of yourself. You may attach it to the application or (preferably) email a digital photograph to etsadmissions@erskine.edu.

5. **Recommendation Letters:** Three letters of recommendation are required. Fill in the names, address, and phone numbers on each recommendation form. Distribute the recommendation forms to your references, and ask them to complete and return the forms directly to the Admissions Office.

For Th.M. applicants, the recommendation letters should come from three Master's-level professors, with one of these being the professor who supervised the applicants thesis or independent work (if any).

For D.Min. applicants, two of the three recommendations should normally come from Master's-level professors, and the other should come from a colleague in Ministry.

6. **Academic Essay:** *Th.M. Only.* Submit from a previous Master's program an academic essay (at least ten pages, double-spaced, with footnotes and bibliography formatted properly).

7. **Academic Transcripts:** Request transcripts from the institutions where you earned your undergraduate and Master's degrees. These must be **official** transcripts sent directly to Erskine by the institutions.

For International Students

In addition to steps #1-7 above please provide the following:

8. **TOEFL Score:** A minimum score of 550 is required on the paper version or a minimum score of 213 is required for the computer version. The TOEFL is available through the American Consular Office. The TOEFL is waived if you completed an under graduate degree in which English was the medium of instruction. Erskine's code for reporting scores is 5861.

9. **Affidavit of Support:** You or your sponsor must submit an Affidavit of Support to prove that financial resources are available for you to attend Erskine. In addition, you must include a statement from your bank that certifies the presence of the funds listed on the form. The Affidavit of Support form is located on the Erskine Seminary website, in the Financial Aid section.

Please return completed admission materials to:

Admissions Office

Erskine Theological Seminary
Post Office Box 668
Due West, South Carolina 29639

800.770.6936 ❖ 864.379.2171 Fax
etsadmissions@erskine.edu
www.erskine.edu/seminary

Once all of your application materials have been received, the following procedures will take place:

1. Erskine's writing instructor will evaluate the quality of the essay you have submitted.

2. The Th.M. or D.Min. program director will review the application file.

3. The Post-Graduate Committee will receive the recommendations of the writing instructor and the program director. (The Committee may deem that an oral interview with you is necessary before it makes its decision.)

4. If a favorable decision is made, the Admissions Office will notify you that you have been accepted, either provisionally or fully. At that point you will be able to register for and begin attending classes.

APPLICATION STATUS

I am applying for admission in:

- Fall Yr. _____
 January Yr. _____
 Spring Yr. _____
 Summer Yr. _____

I am applying for the:

- Master of Theology Program
 Biblical Studies
 Historical/Systematic Theology
 Doctor of Ministry Program



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THEOLOGICAL SEMINARY

PERSONAL INFORMATION

Legal Name _____

Home Address _____

Home Telephone Number _____ E-Mail Address _____

Date of Birth _____ Social Security No. _____

The following information requested is optional and is not required for an admissions decision. Please check all that apply.

Applicant Status: New Student Boarding (Dormitory)
 Returning Student Commuting
 Transfer Student If checked, please indicate transferring institution _____

Gender: Male
 Female

Ethnic Group: American Indian Asian or Pacific Islander Black, African-American Hispanic
 Multiracial White Other _____

Marital Status: Single Native Language: (*International Students Only*): _____
 Married Country of Citizenship: (*International Students Only*): _____
 Widowed If currently residing in the United States, please indicate your visa type _____

EDUCATION

<i>College and Seminary</i>	<i>Location</i>	<i>Dates Attended</i>	<i>Degrees</i>

CLINICAL PASTORAL EDUCATION

Have you completed CPE? Yes No If yes, please indicate the number of units. _____

Where did you complete your CPE? _____

CHURCH RELATIONSHIPS

Exact name of your denomination _____

Name of your local congregation _____

Name of your Presbytery, Conference, or Association _____

Are you ordained? Yes No

If yes, list the name of the ordaining body and the date of your ordination. _____

RECORD OF EMPLOYMENT

List your full-time church employment, including the church name, location, position held, and dates of employment.

List other full-time ministerial employment.

List secular employment, including your employer, the nature of the work, and the dates of employment.

STUDENT LOAN HISTORY (NOT FOR INTERNATIONAL STUDENT ADMISSION)

Have you ever received a Federal Student Loan? Yes No

Do you currently owe on a Federal Student Loan? Yes No If yes, approximately how much? _____

Are you currently in default or delinquent on any Title IV loans from ETS or any other institution? Yes No

REFERENCES (NOT REQUIRED FOR MILITARY CHAPLAIN ADMISSION)

List below the names, addresses, and telephone numbers of three persons who will submit a recommendation letter for you.

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a misdemeanor or felony? Yes No

If so, provide details:

CERTIFICATION STATEMENT

Signature: _____ Date: _____

By my signature, I hereby certify that the information listed above is factual and true. I further indicate my willingness to be a part of the Erskine Seminary community and indicate my willingness to conform to the standards of conduct as stipulated in the *Catalog* and *Student Handbook*.



RECOMMENDATION LETTER

Please return the completed form to:
Admissions Office, Erskine Theological Seminary
Post Office Box 668
Due West, South Carolina 29639

ERSKINE
THEOLOGICAL SEMINARY

Section I *(To be completed by the applicant)*

INSTRUCTIONS TO THE APPLICANT: Please complete this section and deliver the form with a stamped, addressed envelope to your reference.

Applicant's Name _____ Degree Program _____

Applicant's Present Address _____

Name of Reference _____

_____ *I waive my right to review the contents of this evaluation.*

_____ *I do not waive my right to review the contents of this evaluation.*

Signature _____ Date _____

Section 2 *(To be completed by reference)*

INSTRUCTIONS TO THE REFERENCE: Please fill in the requested information as you feel qualified. Mail the completed form to the address shown at the top of this form. Thank you for your part in this important phase of the applicant's life.

1. How long and in what capacity have you known the applicant?

2. To the best of your knowledge, what is the applicant's motivation for pursuing this degree?

3. Please assess the applicant's commitment to Christ and the Church and his/her strengths and weaknesses in spiritual and emotional maturity.

4. Please assess the applicant's strengths and weaknesses in leadership, attitude toward authority, and interpersonal relationships with others within the Church.

5. Please assess the applicant's academic ability, including his/her analytical ability, synthetic reasoning ability, and ability to grasp and integrate advanced academic concepts.

6. Please assess the applicant's self-motivation and discipline, keeping in mind that as part of this program, he/she will be required to do sustained research and to produce a significant piece of academic or ministerial scholarship.

7. Below are listed several characteristics that could affect the applicant's success in graduate work and his/her subsequent career. Please evaluate the applicant by indicating your level of concern in each area.

	No reservations	Reservations	Do Not Know
a. Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Academic aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Commitment to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cooperation with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Moral integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Social manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please explain any areas on which you indicated reservations in question above.

9. Please explain any other reservations you may have about the applicant.

10. Please provide any additional information you believe Erskine needs to know about this applicant.

11. For Master's level professors, among all the students that you have taught at Master's level, would you rate the applicant as:

- | | | | |
|----------------------------|--------------------------|-------------------|--------------------------|
| a. One of the very best? | <input type="checkbox"/> | d. Above average? | <input type="checkbox"/> |
| b. Well above average? | <input type="checkbox"/> | e. Below average? | <input type="checkbox"/> |
| c. Somewhat above average? | <input type="checkbox"/> | | |

Reference Information

Name (Print) _____ Name (Signature) _____

Relation to Applicant _____

Address _____

Telephone Number _____ Email _____



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Name of Reference _____

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Signature _____ Date _____

Section 2 (To be completed by reference)

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|----------------------------|--------------------------|-------------------|--------------------------|
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Reference Information

Name (Print) _____ Name (Signature) _____

Relation to Applicant _____

Address _____

Telephone Number _____ Email _____



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| b. Well above average? | <input type="checkbox"/> | e. Below average? | <input type="checkbox"/> |
| c. Somewhat above average? | <input type="checkbox"/> | | |

Reference Information

Name (Print) _____ Name (Signature) _____

Relation to Applicant _____

Address _____

Telephone Number _____ Email _____

Mail the completed form to the address shown on the top of the front page of this form.



Request for Academic Transcript

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THEOLOGICAL SEMINARY

INSTRUCTIONS

Applicant: Please complete this form and send it to the college and/or graduate school you graduated from. Please note that most schools require a transcript fee. You need to contact your institution and enclose payment when you mail this form to them. All transcripts must be forwarded to the Admissions Office in sealed envelopes.

Name of Institution: _____

Registrar's Name: _____

Mailing Address: _____

PERSONAL INFORMATION

Name at time of attendance (printed): _____

Address: _____

Telephone Number: _____ Email Address: _____

Degree(s) Earned: _____ Years of Attendance: _____

Social Security Number: _____ Date of Birth: _____

Signature: _____ Date: _____

Please send an official copy of my academic transcript to:

Admissions Office
Erskine Theological Seminary
Post Office Box 668
Due West, South Carolina 29639
800.770.6936
FAX 864.379.2171
etsadmissions@erskine.edu
www.erskine.edu/seminary



ERSKINE

THEOLOGICAL SEMINARY

DUE WEST CAMPUS

ERSKINE THEOLOGICAL SEMINARY

P.O. Box 668

Due West, South Carolina 29639

etsadmissions@erskine.edu

1.800.770.6936

COLUMBIA CAMPUS

ERSKINE THEOLOGICAL SEMINARY

1500 Lady Street, Suite 200

Columbia, South Carolina 29201

columbia@erskine.edu

1.866.774.1446

VIRTUAL CAMPUS

ERSKINE THEOLOGICAL SEMINARY

P.O. Box 668

Due West, South Carolina 29639

evc@erskine.edu

1.866.596.3336

For Christ and His Church