

CHRISTIAN COMMITMENT & EXCELLENCE IN LEARNING



## MASTER'S LEVEL APPLICATION



**ERSKINE**  
THEOLOGICAL SEMINARY

*For Christ and His Church*

Due West ❖ Columbia ❖ Augusta ❖ Charleston ❖ Florence ❖ Greenville ❖ Virtual Campus

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. **Essay:** Type a two-page essay explaining why you desire to pursue a theological education.

3. **Application Fee:** Submit a \$35.00 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](mailto:etsadmissions@erskine.edu).

5. **Recommendation Letters:** Three recommendation letters are required (family/spouse may not be used); one from your minister, one from a college professor or supervisor, and one general reference. Please note that your general reference must be completed by someone who has known you for more than three years. Fill in the names, addresses, and phone numbers on each form. Distribute the recommendation letters to your references to complete and return to the Admissions Office. (Not Required for Military Chaplains)

6. **Academic Transcripts:** Request official transcripts from your undergraduate institution and seminary where you earned your degrees. The transcripts should be submitted directly to the Admissions Office. You may use the transcript request form we have provided for you to submit to your school.

7. **Certificate Applicants:** Note: the Th.M., M.A.C.M., and the M.C.M. are not available for certificate students.

### *For International Students*

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

8. **Test of English as a Foreign Language (TOEFL):** 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. Our TOEFL code is 5861. The TOEFL is waived if you completed an undergraduate degree in which English was the medium of instruction.

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 funds listed on the form. The Affidavit of Support form is located on the Erskine Seminary website.

***\*Please note that the admissions approval process cannot begin until all items listed above have been received by the Admissions Office.***

Once all 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 Student Services committee will review the application files and make a decision whether or not to admit you into the program.

3. 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.

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](mailto:etsadmissions@erskine.edu)  
[www.erskine.edu/seminary](http://www.erskine.edu/seminary)

## APPLICATION STATUS

*I am applying for admission in:*

- Fall Yr. \_\_\_\_\_  
 January Yr. \_\_\_\_\_  
 Spring Yr. \_\_\_\_\_  
 Summer Yr. \_\_\_\_\_

*I am applying for the:*

- Master of Divinity  
 Master of Arts in Theological Studies  
 Master of Arts in Counseling Ministry  
 Master of Arts in Educational Ministries  
 Master of Arts in Practical Ministry  
 Master of Church Music

- Diploma in Theology  
 Certificate in Christian Education  
 Certificate in Practical Ministry  
 Certificate in Theological Studies

## PERSONAL INFORMATION

Legal Name \_\_\_\_\_

Home Address (*City, State, Zip*) \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

The following information 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/or Graduate School</i>	<i>Location</i>	<i>Dates Attended</i>	<i>Degrees</i>

## CHURCH RELATIONSHIPS

Exact name of your denomination \_\_\_\_\_

Name of your local congregation \_\_\_\_\_

Name of your Presbytery, Conference, or Association \_\_\_\_\_

Do you currently serve in a church? If so, identify your church and describe the capacity in which you serve. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHURCH MUSIC APPLICANTS** (COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING TO THE CHURCH MUSIC PROGRAM)

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Identify below any churches you have served as a musician and describe the capacity in which you served.

*Name of Church* \_\_\_\_\_ *City* \_\_\_\_\_ *Capacity (organist, pianist, choir director, worship leader, etc.)* \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**STUDENT LOAN HISTORY** (NOT FOR INTERNATIONAL STUDENT ADMISSION)

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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**

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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 No.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERTIFICATION STATEMENT**

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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

**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 on the bottom of the back page of this form. Thank you for your part in this important phase of the applicant's life.

1. What is the nature of your relationship to the applicant? How long and how well have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please comment on the applicant's spiritual growth and evidence of a life committed to Christ and the Church.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe the applicant's interpersonal relationships and communication skills.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please comment on the applicant's emotional stability and suitability to pursue a seminary degree.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please comment on the applicant's attitude toward authority.

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6. Please describe leadership qualities you have seen in the applicant.

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7. Please comment on your perception of the applicant's call to Christian service. In what way and to what extent is the Church providing support and encouragement to the applicant?

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8. Please comment on any areas in which the applicant needs to grow as an individual.

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9. 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"/>

10. Please explain any reservations you may have for recommending this applicant.

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### Reference Information

Name (Print) \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

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

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



# RECOMMENDATION LETTER

## ERSKINE

THEOLOGICAL SEMINARY

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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 on the bottom of the back page of this form. Thank you for your part in this important phase of the applicant's life.

1. What is the nature of your relationship to the applicant? How long and how well have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please comment on the applicant's spiritual growth and evidence of a life committed to Christ and the Church.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe the applicant's interpersonal relationships and communication skills.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please comment on the applicant's emotional stability and suitability to pursue a seminary degree.

\_\_\_\_\_  
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5. Please comment on the applicant's attitude toward authority.

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e. Cooperation with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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l. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Social manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please explain any reservations you may have for recommending this applicant.

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### Reference Information

Name (Print) \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

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

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

## CONTINUING EDUCATION/SPECIAL STUDENT APPLICATION INSTRUCTIONS

1. Complete the application form
2. Submit a \$35.00 application fee
3. Select the admission term:  
 Fall Yr. \_\_\_\_\_  
 January Yr. \_\_\_\_\_  
 Spring Yr. \_\_\_\_\_  
 Summer Yr. \_\_\_\_\_
4. Select the program:  
 Certificate in Local Church Ministry  
 Continuing Education Credit  
 Alumni Audit  
 Senior Citizen Audit  
 Special Student  
 Other \_\_\_\_\_

### PERSONAL INFORMATION

Legal Name \_\_\_\_\_

Home Address (*city, state, zip*) \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Have you earned a Bachelor's Degree?  Yes  No If so, please list the institution \_\_\_\_\_

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

Applicant Status:  New Student

Returning Student

Gender:

Male

Female

Ethnic Group:

American Indian

Asian or Pacific Islander

Black, African-American

Hispanic

Multiracial

White

Other \_\_\_\_\_

Marital Status:

Single

Married

Widowed

### CHURCH RELATIONSHIPS

Exact name of your denomination \_\_\_\_\_

Name of your local congregation \_\_\_\_\_

Name of your Presbytery, Conference, or Association \_\_\_\_\_

Are you an ordained minister? \_\_\_\_\_

Do you currently serve in a church? If so, identify your church and describe the capacity in which you serve. \_\_\_\_\_

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*.

**Please return the completed form to:**

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



# Request for Academic Transcript

## ERSKINE

THEOLOGICAL SEMINARY

### INSTRUCTIONS

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**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

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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](http://www.erskine.edu/seminary)



# ERSKINE

THEOLOGICAL SEMINARY

*For Christ and His Church*

**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**  
**EDEN@ERSKINE.EDU**  
**1.866.596.3336**