



Office of Admissions

Westminster Theological Seminary

P.O. Box 27009, Philadelphia, Pennsylvania 19118

800-373-0119 • Fax: 215-887-5404 • www.wts.edu

APPLICATION CHECKLIST

To complete the application process, please submit to the Admissions Office all of the following materials at the **same time** in the **envelope provided**. (See the current catalog under “General Requirements for Application to All Programs” for a complete description of the following required materials.)

signed, completed application form with all relevant personal statements

- statement of Christian experience
- statement of desire to attend Westminster
- spouse’s statement (if married)

\$40 application fee (check or money order in U.S. dollars)

or \$25 special student application fee

and \$25 late fee (if applicable)

official transcript(s) in sealed envelopes from all schools attended (12 semester hours or more)

completed academic reference form(s) in sealed envelope(s)

(Ph.D. applicants require **TWO**; all others require one)

one completed church reference form in sealed envelope

(Ph.D. only) paper from Masters program in the area of study you wish to pursue

Be sure you have also requested the Educational Testing Service send the following scores directly to us (our institutional code for score reporting purposes in **2976**):

(if applicable) official TOEFL, TWE, and TSE scores

(Ph.D. only) official GRE scores

Application Deadlines:

International/Canadian applications (from applicants who require a student visa) are accepted as stated below.

Late applications will be considered for the following year.

<i>Master of Theology and Doctor of Philosophy</i>	January 15
<i>Doctor of Ministry</i>	February 15
<i>Master’s-level programs</i>	February 15

U.S. applications are accepted as stated below. Late Th.M., Ph.D., and D.Min. applications will be considered for the following year. Late applications to all other programs will be considered only if accompanied by the \$25 late fee; however, late applications will NOT be considered for U.S. financial aid.

<i>Master of Theology and Doctor of Philosophy</i>	January 15
<i>Doctor of Ministry</i>	March 31
<i>Master’s-level programs</i>	
<i>Summer or Fall entrance</i>	March 1
<i>Winter or Spring entrance</i>	September 30

If you have any questions about the application process, please contact Mrs. Leah Stapleton at 215-572-3842 or lstapleton@wts.edu.



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ADDITIONAL INFORMATION for INTERNATIONAL APPLICANTS

The enclosed application for admission asks you to provide information about academic institutions you have attended. Because Westminster is a graduate institution, a baccalaureate degree or its equivalent is required for admittance. In the appropriate columns on page 3 of the application, please be sure to list the following:

- Column 1 Write the complete name of each school you attended and the city, village, town, state, and/or country where the school is located. Account for every year of your education since the primary grades. (If you need more room, please continue on a separate page.)
- Column 2 On each line write the calendar year(s) you attended that school. Also tell us what type of school you attended, such as primary, secondary, teacher college, university, graduate school, etc.
- Column 3 Write the language used in class by your teachers.
- Column 4 List any certificate(s), diploma(s), or degree(s) you obtained at the end of that school year. For example, write: GCE, Reifezeugnis, Artium, Studentereksamen, Bachillerato, Baccalaureate, etc.
- Column 5 Write the date you received (or will receive, if you are still attending that school) the certificate, diploma, or degree.

Please note that international students are required to document sufficient funding in order for Westminster Theological Seminary to issue an I-20. Current tuition is \$370.00 per credit hour; Th.M./Ph.D. is \$2,350.00 per course. (Rates are subject to change each July 1.) The following dollar amounts are what the Seminary considers the **bare minimum** you will need for each year of study:

Individual student: Living Expenses: \$15,200 + Tuition: \$11,470 (31 credit estimated)

Student with spouse: Living Expenses: \$20,760 + Tuition: \$11,470 (31 credit estimated)

Student with spouse and children: Living Expenses: \$20,760 + \$3,500.00 per child + Tuition: \$11,470 (31 credit estimated)

Once your application for admission has been received, and you have been admitted to an academic program, you will receive more information about how to document these funds.

If you need help completing any part of the enclosed application, contact Mrs. Leah Stapleton by phone at 215-572-3842 or by email at lstapleton@wts.edu.

Please provide a recent photo (optional)



(for office use only)	
Date rec'd _____	Fee _____
Program _____	Semester _____

Application for Admission to
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APPLICATION DEADLINES

Master of Theology (ThM) and Doctor of Philosophy (PhD) applicants (U.S AND International including Canadian): All application materials must be received by **January 15** for fall entrance. *No ThM or PhD applications will be accepted after the deadline.*
International (including Canadian) applications to all other programs: All application materials must be received by **February 15** for fall entrance. *Applications received after the deadline will be considered for the following year.*
Masters-level degrees and Certificate applicants: August or September entrance - **March 1.** January or February entrance - **September 30.**
Doctor of Ministry (DMin) applicants: **March 31.** Applications received after these deadlines will not be processed without a late fee of \$25.00.

APPLICATION GUIDELINES

You must submit with this application the fee of **U.S. \$40.00** (non-refundable). A **late fee of \$25** is added for applications received after the deadlines indicated above. Request that certified transcripts of your academic records be sent to you *directly* from all of the institutions from which you have graduated since high school, and enclose them in sealed envelopes with your application. Please have transcripts translated into English where necessary. (If your institution does not allow you to collect official transcripts, have them send transcripts directly to the Admissions Office.) See the current catalog (under "General Requirements for Admission to All Programs") for a complete list of items to be returned with this application form.

Please type or print clearly. The applicant is responsible for the timely completion of all application materials. NO application will be considered until ALL necessary materials have been received.

Name _____
Last or family name First (Nickname) Middle/Maiden

Under what other names might academic records be listed? _____ US Social Security number _____
underline family name

Sex: Female Male Race: African American Asian Central American Native American White American
 Other _____
 (Race is requested for statistical purposes only. Westminster does not practice or condone discrimination against applicants on the basis of race, color, national origin, age, gender, or disability.)

Mailing Address _____
 Is this a temporary address? _____
yes no
 If so, please indicate the latest date you can receive mail here: _____
Street Apartment PO Box
City State/Province Zip/Postal Code Country
 Phone _____ Best time to reach you at this number _____ E-mail _____

If the address above is temporary, please also provide a permanent address

_____ Street Apartment/Box # City State/Province Zip/Postal Code Country

Permanent Phone _____

Date of Birth ____ - ____ - ____ Place of Birth _____
Month Day Year City, State, Country

Country of Citizenship _____

Do you have Permanent Resident status of a country other than that of your citizenship? Yes No
 If yes, which country? _____ What is your number? _____
 If not a US citizen, what is your visa status? J1 _____ F1 _____ Other _____ Expiration Date _____

What is your native language? _____

Has English been your language of instruction from the primary (elementary) grades through undergraduate studies? Yes No

If English is *not* your native language, and English has *not* been your language of instruction from the primary grades, you are required to take the TOEFL and TWE. You may make arrangements to take the TOEFL and TWE by contacting: Educational Testing Service, www.toefl.org, 1-800-GO-TOEFL, Box 953, Princeton, NJ 08540, USA. **Scores you provide below are unofficial. Official scores must be sent directly to Westminster by the Educational Testing Service.** Our institutional code (for score reporting purposes) is **2976**.

Date of test _____ TOEFL score _____ TWE score _____ TSE score (ThM/PhD applicants) _____

ALL APPLICANTS WHOSE NATIVE LANGUAGE IS NOT ENGLISH MUST SUBMIT TOEFL AND TWE SCORES.					
PhD and ThM applicants must also submit TSE scores (unless taking the new internet-based test). The required scores are as follows:					
<u>TOEFL</u>	<u>Internet-based</u>	<u>Computer-based</u>	<u>Paper-based</u>	<u>TWE</u>	<u>TSE</u>
<u>M.A., M.A.R., M.Div.</u>	88-89	230	570	4.5	
<u>D.Min.</u>	88-89	230	570	5	
<u>Th.M., PhD.</u>	100	250	600	5	50

Marital Status Single Engaged Married Widowed Separated Divorced

If applicable: Date of marriage _____ Spouse or fiancé full name _____

Is your spouse now taking or planning to take classes at Westminster? Yes No If yes, in what program ? _____

Spouse or fiancé birthdate and place of birth _____

Spouse or fiancé country of citizenship _____

**** List on an attached sheet the names, birthdates, places of birth, and citizenship of all your children. ****

Name and address of one parent or nearest living relative _____

To which degree program are you seeking admission? (Please see the current catalog for descriptions of the degree programs and the prerequisites for each. *If a location is not specified below, the program is offered **only** at the suburban Philadelphia campus.* See the current catalog for instructions on applying to the London program) **NOTE:** An applicant to any of our programs **must possess a baccalaureate degree** or its academic equivalent.

Check only one:

- | | | | |
|--|--|---------------------|---------------------|
| Master of Divinity | Pastoral Ministries | Urban Mission | Counseling |
| | General Studies (<i>in Suburban Philadelphia</i> <i>in Dallas</i>) | | |
| Master of Arts in Religion | Biblical Studies | Theological Studies | Urban Mission |
| | General Studies (<i>in Suburban Philadelphia</i> <i>in Dallas</i>) | | |
| Master of Arts | Biblical Counseling | | |
| | Urban Mission (<i>in Suburban Philadelphia</i> <i>in Urban Philadelphia</i> <i>in New York City</i>) | | |
| Master of Theology | Old Testament | New Testament | Apologetics |
| | Systematic Theology | Church History | |
| Doctor of Philosophy | Hermeneutics/Biblical Interpretation | | |
| | (What is your primary emphasis? <i>Old Testament</i> <i>New Testament</i>) | | |
| | Historical/Theological Studies | | |
| | (What is your primary emphasis? <i>Apologetics</i> <i>Church History</i> <i>Systematic Theology</i>) | | |
| Doctor of Ministry | Urban Mission | Pastoral Counseling | Pastoral Ministries |
| Certificate in Christian Studies | <i>in Suburban Philadelphia</i> | <i>in Dallas</i> | |
| Certificate in Biblical and Urban Studies | <i>in Urban Philadelphia only</i> | | |

PLEASE NOTE: In order for MDiv students to finish their programs in three years or for MAR students to finish in two years, they must take either Hebrew or Greek during the summer before their first year.

Do you plan to attend either summer Greek or summer Hebrew? If yes, please circle one: Greek Hebrew

Date you plan to enter Westminster: Year - _____ Semester - (must check one): Summer Fall Winter Spring

Do you intend to enroll: Full Time Or Part Time Estimated number of credits per semester: _____

If you have previously applied to Westminster, indicate year and program _____

Will you request that any previous seminary credit be transferred to the program? _____

List in chronological order **ALL** institutions that you have attended. (Official transcripts are needed from all undergraduate and graduate schools from which you have taken **12 or more credit hours**.)

Name and address of institution	Date attended	Language of instruction	Degree	Date received or expected
	Elementary		Diploma	
	Secondary (Middle and High School)		Diploma	
	Undergraduate			

What was/is your undergraduate major? _____ Graduate major? _____

Special honors conferred _____

Have you taken or registered to take the Graduate Record Examination (GRE)? Yes No Date of test _____

PhD applications will not be reviewed without official GRE scores. Our institutional code (for score reporting purposes) is **2976**. For more information about the GRE, contact the Educational Testing Service or visit www.gre.org.

Scores: Verbal _____% _____ Analytical _____% _____ Quantitative _____% _____

Who will provide your letters of reference?

Church Reference _____

Academic Reference(s) (PhD requires **two**) _____

Of what local congregation are you a member (name and location)? _____

What is your denominational affiliation? _____

Are you under care? _____ Licensed? _____ Ordained? _____

What are your special talents, hobbies, or interests? _____

Please indicate all employment and/or ministry experience you have had. (Those of you who will be requesting either a F1 or J1 visa eligibility form, please be sure to list below your current or most recent employer.)

Title or Description of Work/Ministry	Employer	Dates

Are you personally acquainted with a member of the Westminster faculty or staff? Yes No

If so, please identify that person _____

What other seminaries are you considering? _____

At present, what are your vocational objectives? (List 1, 2, and 3 in your order of preference.)

- Pastoral Ministry Teaching Missionary Service Counseling
 Youth Ministry Campus Ministry Christian Education Chaplain Ministry
 Other _____

DMIN APPLICANTS: A prerequisite for the program is at least three years of full-time ministry work. Therefore, please include the following information on a separate page: Describe your ministry experience. Are you presently serving full-time in a gospel ministry? Do you anticipate leaving that ministry during the time of your DMin Studies? Also, please let us know in writing when you wish to begin your DMin program. You will be enrolled in the program when we receive your first tuition payment.

PhD APPLICANTS: Please submit a paper from your Master's program in the area of interest in which you plan to study (i.e. Old Testament, New Testament, Apologetics, Church History, or Systematic Theology).

PERSONAL STATEMENTS

All applicants: please provide the following. Please **sign and date** your statements.

- A. A Statement of your experience as a Christian, including your conversion, significant spiritual events in your life, and areas in which you have seen or are experiencing growth (one page or less)
- B. A statement explaining your desire to pursue theological education and the reasons for your interest in Westminster in particular (one page or less)
- C. **To the spouse of the applicant** (if applicable): Please write a brief statement of your thoughts and feelings about your spouse's desire to go to seminary.

Signature of applicant

Date



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THIS PORTION TO BE COMPLETED BY APPLICANT (please type or print clearly):

Name _____
Last First Middle/Maiden

Address _____
Street City State Zip/Postal Code Country

Phone _____ **Anticipated Program of Study** _____

Notice: Public Law 93-380, the Family Education Rights and Privacy Act of 1974 grants all students the right to inspect and review all of their official educational records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

Waiver Form: I, the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

Date _____ **Signature** _____

(The signing of this waiver is voluntary; i.e., it is not required as a condition for admission. It is a matter between the applicant and the person completing the recommendation.)

CHURCH REFERENCE

The Admissions Office takes very seriously the evaluation that you will give below. Our primary concern is to admit those who are deemed by their spiritual mentors to be called by God to ministry. We greatly appreciate your honest and careful consideration of the above-named applicant. Although the applicant may voluntarily waive the right to review this recommendation, it is hoped that a spirit of openness and candor will exist between the applicant and the recommender regarding the contents of this recommendation. Please note the provisions of the Family Education Rights and Privacy Act of 1974 as listed above.

1. How long have you known the applicant? _____ How well? Very well Rather Well
In what capacity? _____ Casually Not well

2. Spiritual Maturity: Please check the appropriate box and write a short explanation in the space provided.

NOT OBSERVED WEAK FAIR GOOD OUTSTANDING

(A) Relationship to **Christ**

(B) Relationship to **spouse/family**

(C) Relationship to **church** body

(over)

(D) Relationship to **those outside the church**

(E) Applicant's **gifts and potential** for ministry

(III) **Personal Qualifications** (please feel free to comment on an additional sheet):

(A) What have you (or the church) recognized as the applicant's primary qualifications both for study and for ministry and why (you may reference I Timothy 3)?

(B) How would the applicant respond to an academic training environment such as the one here at Westminster and why?

(C) What might be the main hindrances to the applicant's time of study here and why?

(D) Please list **any and all** reservations you have concerning the applicant.

(E) Would you hire the applicant for your pastorate or church staff or prefer him/her as a colleague? Why/why not?

Summary

- recommend with enthusiasm
- recommend
- recommend with reservations
- do not recommend
- please contact me for further information

Signature _____

Name (print) _____

Position _____

Church _____

Address _____

Email _____

Phone _____ Date _____



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THIS PORTION TO BE COMPLETED BY APPLICANT (please type or print clearly):

Name _____
Last First Middle/Maiden

Address _____
Street City State Zip/Postal Code Country

Phone _____ **Anticipated Program of Study** _____

Notice: Public Law 93-380, the Family Education Rights and Privacy Act of 1974 grants all students the right to inspect and review all of their official educational records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

Waiver Form: I, the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

Date _____ **Signature** _____

(The signing of this waiver is voluntary; i.e., it is not required as a condition for admission. It is a matter between the applicant and the person completing the recommendation.)

ACADEMIC REFERENCE

Please note the provision of the Family Education Rights and Privacy Act of 1974 as listed above. Although the applicant may voluntarily waive the right to review this recommendation, it is hoped that a spirit of openness and candor will exist between the applicant and the recommender regarding the contents of this recommendation. The above-named applicant has given your name as a professor acquainted with the applicant's academic work. We are primarily interested in the applicant's ability to do independent research and to present the conclusions of that research clearly and persuasively. Applicants to the doctoral program should be able to interact creatively with current scholarship and should give promise of making an original contribution in the biblical or theological field.

- How long have you known the applicant? _____ How well? Very Well Rather well
Casually Not Well
- In how many of your courses has the applicant enrolled? _____ Graduate or Undergraduate? _____
- Among upper-division college students or seminarians, the applicant's ability rates in the:
Top 10% Top 25% Top 50% Bottom 50%
- How would you assess the applicant's abilities in the following areas?

NOT OBSERVED WEAK FAIR GOOD OUTSTANDING

Intellectual ability

Ability to work with others

Creativity

Interpersonal skills

Maturity

Stability

	NOT OBSERVED	WEAK	FAIR	GOOD	OUTSTANDING
Written communication skills					
Oral communication skills					
Diligence					
Organization					
Research work					
Quality of work					
Leadership skills					
Potential					

5. Please use this space (or a separate page if necessary) to make any additional comments regarding the applicant's strengths and weaknesses that might be helpful in evaluating this applicant for admission.

Summary

recommend with enthusiasm

recommend

recommend with reservations

do not recommend

please contact me for further information

Signature _____

Name (print) _____

Position _____

Institution _____

Address _____

Email _____

Phone _____ Date _____

Please mail this form directly to the applicant in a sealed envelope (provided). Thank you for your help.



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REQUEST FOR COLLEGE TRANSCRIPT

Applicant: Please photocopy this form, complete it (including signature), and send it to each college, university, seminary, or learning institution you have attended after high school at which you have completed at least twelve (12) semester hours.

Note: Some institutions charge a small fee to send transcripts and need a written request. Contact the Registrar's Office at each institution to find out what fee to include with your request.

TO: _____
registrar

name of institution

address of institution

Registrar: Please send an OFFICIAL academic transcript in a sealed envelope to me at the following address:

name by which I attended your institution

street address

city, state, zip

years of attendance

degree(s) earned

Social Security number

date of birth

applicant's signature

applicant's name (printed)