

WESTMINSTER SEMINARY CALIFORNIA :: Office of Admissions

1725 Bear Valley Parkway, Escondido, California 92027-4128
888/480.8474 :: FAX 760/480.0252 :: www.wscal.edu

APPLICATION PACKET CHECKLIST:

- Signed Application Form
- \$30 Application Fee
- Academic Reference
- Ecclesiastical Reference
- Official transcripts from all undergraduate schools
- TOEFL/TWE scores, if applicant is not a native English speaker

DEGREE PROGRAM FOR WHICH APPLICATION IS BEING MADE

- Master of Divinity Master of Arts, Theological Studies Master of Arts, Biblical Studies Master of Arts, Historical Theology

When do you plan to begin studies at Westminster Seminary California?

YEAR _____ Summer Fall Winter Spring

PERSONAL PROFILE

NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____

PHONE NUMBERS (HOME) _____ (MOBILE) _____

E-MAIL _____

CURRENT MAILING ADDRESS _____

PERMANENT MAILING ADDRESS _____

DATE OF BIRTH (MM/DD/YYYY) _____ PLACE OF BIRTH (CITY AND STATE OR COUNTRY) _____

SOCIAL SECURITY # _____ COUNTRY OF CITIZENSHIP _____

RACE/ETHNICITY (PLEASE CHECK ONE)

- Native American or Alaskan American
 Black/African American
 Hispanic/Latin American
 Asian or Pacific American
 White, non-Hispanic
 Other

IF NOT A US CITIZEN, PLEASE CHECK APPLICABLE BOX: Permanent Resident F-1/F-2 Visa B-1/B-2 Visa Processed 1551 for Permanent Residency

- Refugee
 Temporary Resident/Amnesty
 Other/Specify

NAME OF PARENT(S) OR CLOSEST LIVING RELATIVE, AND RELATIONSHIP TO YOU _____

ADDRESS _____

PHONE _____

ACADEMIC BACKGROUND

LIST **ALL** INSTITUTIONS ATTENDED BEYOND HIGH SCHOOL. PLEASE REQUEST THAT OFFICIAL TRANSCRIPTS BE SENT BY EACH INSTITUTION TO **THE OFFICE OF ADMISSIONS, WESTMINSTER SEMINARY CALIFORNIA, 1725 BEAR VALLEY PARKWAY, ESCONDIDO, CA 92027-4128.**

Name of Institution	Dates Attended	Degree or Diploma	Year Received

WHEN DO YOU INTEND TO RECEIVE YOUR BACHELOR'S DEGREE? (IF NOT ALREADY CONFERRED) _____

UNDERGRADUATE MAJOR(S) _____ MINOR(S) _____

GRADUATE MAJOR(S) _____ SPECIAL HONORS CONFERRED _____

HAVE YOU EVER BEEN REFUSED ADMISSION TO, OR BEEN DISMISSED FROM, A SEMINARY OR GRADUATE SCHOOL? (PLEASE CHECK ONE)

YES NO IF YES, ATTACH STATEMENT WITH DETAILS.

IF YOU ATTENDED ANY SCHOOL LISTED ABOVE UNDER ANY OTHER NAME(S), PLEASE STATE NAME(S): _____

TOEFL/TWE – APPLICANTS WHOSE NATIVE LANGUAGE IS OTHER THAN ENGLISH MUST TAKE THE TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL). APPLICANTS MUST REQUEST THAT THE EDUCATIONAL TESTING SERVICE SEND A TRANSCRIPT OF THEIR SCORES **DIRECTLY TO THE SEMINARY** (CODE 4980). APPLICATIONS CANNOT BE PROCESSED UNTIL THE SCORE TRANSCRIPT HAS BEEN RECEIVED FROM ETS. ADDITIONAL INFORMATION IS CONTAINED IN THE SEMINARY'S CURRENT ACADEMIC CATALOGUE.

DATE TOEFL/TWE WAS OR WILL BE TAKEN: _____

LETTERS OF RECOMMENDATION

GIVE NAMES AND **COMPLETE ADDRESSES AND PHONE NUMBERS** OF THE PERSONS TO WHOM YOU HAVE GIVEN THE REFERENCE FORMS AS PART OF THIS APPLICATION. (SEE CATALOGUE FOR APPROPRIATE REFERENCE SOURCES)

ACADEMIC REFERENCE

ECCLESIASTICAL REFERENCE

ECCLESIASTICAL AFFILIATION

OF WHICH CONGREGATION AND DENOMINATION ARE YOU A MEMBER?

IF THIS IS NOT WHERE YOU REGULARLY WORSHIP, PLEASE ALSO GIVE THE NAME, ADDRESS, AND DENOMINATION (IF ANY) OF YOUR CURRENT CONGREGATION:

DENOMINATION _____

CHURCH NAME _____

CHURCH ADDRESS _____

ARE YOU UNDER FORMAL SUPERVISION OF AN ECCLESIASTICAL BODY? YES NO

ARE YOU ORDAINED? YES NO

IF YOU PLAN A CHANGE OF CONGREGATIONAL/DENOMINATIONAL AFFILIATION IN THE NEAR FUTURE, PLEASE INDICATE THE NATURE OF THE CHANGE:

MARITAL STATUS
 SINGLE MARRIED WIDOWED SEPARATED DIVORCED

SPOUSE'S FULL NAME _____

NAME OF SPOUSE'S PARENT(S) _____

 ADDRESS _____

PHONE NUMBER _____

ADDITIONAL INFORMATION

HOW DID YOU FIRST HEAR ABOUT WESTMINSTER SEMINARY CALIFORNIA? _____

RANK THE THREE MOST SIGNIFICANT FACTORS IN YOUR CHOICE OF WESTMINSTER SEMINARY CALIFORNIA.

_____ WSC STUDENT/FRIEND	_____ PASTOR'S REFERRAL	_____ MAGAZINE ADVERTISEMENT (SPECIFY)
_____ ALUMNI	_____ CONTACT FROM ADMISSIONS	_____ WEB PAGE
_____ RELATIVE ATTENDING	_____ VISIT TO WSC	_____ WSC FACULTY

OTHER (SPECIFY) _____

 WHICH OTHER SEMINARIES ARE YOU CONSIDERING, AND WHY? _____

 HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

 IF YES, PLEASE DISCUSS THE CIRCUMSTANCES AND THE RESOLUTION THEREOF. _____

 SEMINARY-FUNDED FINANCIAL AID IS AVAILABLE ONLY TO FULL-TIME STUDENTS AND IS GRANTED IN THE FORM OF CREDIT APPLIED TO TUITION AND FEES.
 DO YOU PLAN TO APPLY TO THE SEMINARY FOR FINANCIAL ASSISTANCE? YES NO

(IF YES, AN APPLICATION WILL BE SENT TO YOU AND MUST BE COMPLETED ACCORDING TO THE CATALOGUE.)
EXPERIENCE

LIST TYPES OF EMPLOYMENT IN WHICH YOU HAVE HAD EXPERIENCE.

LIST ORGANIZATIONS OR EXTRA-CURRICULAR ACTIVITIES IN WHICH YOU HAVE TAKEN AN ACTIVE ROLE.

STATEMENT OF REASONS FOR WISHING TO PURSUE THEOLOGICAL STUDY

PLEASE USE THE SPACE PROVIDED OR ATTACH A TYPED SUMMARY OF YOUR CHRISTIAN FAITH AND COMMITMENT, AND DESCRIBE THOSE CONVICTIONS AND GOALS WHICH ARE RELEVANT TO YOUR DESIRE TO ATTEND WESTMINSTER SEMINARY CALIFORNIA.

I AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION FORM IS TRUE AND COMPLETE. I HAVE READ SUMMARIES OF THE SEMINARY'S POLICIES ON BEHAVIORAL EXPECTATIONS, PLAGIARISM, AND SUBSTANCE ABUSE IN THE CURRENT CATALOGUE; AND I AGREE THAT, IF ADMITTED, I WILL COMPLY WITH THESE POLICIES WHILE ENROLLED AS A STUDENT OF WESTMINSTER SEMINARY CALIFORNIA.

SIGNATURE

DATE
