

## APPLICATION FOR ADMISSION

Master of Divinity (M.DIV.)

Master of Arts (M.A.) in Pastoral Care & Counseling

Master of Arts Theological Studies (M.A.T.S.)

Dual Degree: Master of Divinity & Master of Arts

**NEW JERSEY CAMPUS** 

35 Seminary Place New Brunswick, NJ 08901-1196 732.247.5241 Fax 732.249.5412 admissions@nbts.edu **NEW YORK CAMPUS** 

St. John's University
St. John Hall, Room B36
8000 Utopia Parkway
Jamaica, NY 11439
718.990.6000 • Fax 718.990.5932

## **Application Requirements • Masters Programs**

Checklist	
All Required Forms with Fees can be submitted any time but must be received no later than two months prior to the semester for which application for admission is being made. (Undergraduate students may apply during senior year in college or subsequent to graduation.)  In order to complete your application NBTS must receive all documents and fees at this address:  Office of Admissions  New Brunswick Theological Seminary 35 Seminary Place  New Brunswick, NJ 08901	<ul> <li>□ Application Form (attached)</li> <li>□ Background Check Inquiry Release Form (attached)</li> <li>□ \$50 Application Fee (non-refundable)</li> <li>□ \$25 Background Check Processing Fee (non-refundable)</li> <li>□ Signed and dated Student Certification Form (attached)</li> <li>Make checks/money orders payable to NBTS. PayPal/credit cards accepted.</li> </ul>
☐ Transcripts	Please provide official transcripts of <u>all undergraduate</u> <u>courses</u> , including current courses when completed. See "Transcript" information below.
☐ Two Recommendations (Forms Attached)	MA & MATS applicants: Two forms from professors or job supervisors who know your work well.  MDiv applicants: Three forms (two as for MA applicants, plus a third recommendation from your pastor)
☐ Personal Statement	Approximately 5 double-spaced pages. See instructions below.

#### **Transcripts**

- (a) If your earned bachelor's degree includes transfer credits from another institution, you must submit an official transcript from each institution.
- (b) If you are currently finishing your undergraduate degree, have your latest transcript sent, and have a second transcript sent that confirms the date once the degree is conferred.
- (c) If you have a professional or other graduate degree(s), please provide a transcript(s) if you wish the credits to be considered for transfer to NBTS.
- (d) Non-traditional applicants: You must complete all four required courses and submit an official transcript when you apply.

All transcripts should be sent <u>directly to the Office of Admissions at NBTS</u> from the registrar of the institution.

Recommendations		
	commendations sent to NBTS from professors or job supervisors inity applicants must have a third recommendation from your pastor	
1) Name of Referee	Phone number / e-mail address	
Name of Referee	Phone number / e-mail address	
2)		
2) Name of Referee	Phone number / e-mail address	
For Master of Divinity applicants:		
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3)Name of Recommending Pastor	Phone number / e-mail address	
Name of Recommending Fastor	Thore number / C-mail address	
Personal Statement		
A) 1200-1800 word personal statement	on the following questions:	
b. What are the two most challenging bool an impact on your life?	mpted you to seek further theological education. ks you have read (not including the Bible) and how have they had ational process in a seminary that celebrates inclusion?	
d. What do you envision as your work in ministry and the community after graduation?		
All learning currently involves the use of tearning rowing edges for learning in a tearning in a tea	echnology. How do you use technology in your daily life and what	
Student Certification		
As an essential part of the admissions pro	ocess, applicants are requested to provide several kinds of	
	academic background. Failure to make written disclosure of	
information solicited on the application form, or misrepresentation in the information supplied, constitutes a		
prima facie basis for denial of admission.	Where omissions or misrepresentations come to light after	
matriculation at the Seminary, and are rea	asonably believed to cast doubt upon the student's suitability for	
theological study, he or she is subject to d	·	
and single states, the or one to debject to the		
By my signature below, I certify that I have read the above statement and that all the information		
on this form is true and complete to the	e best of my knowledge.	
Applicant's signature	Date	

In order to complete your application for the Masters Degree programs, NBTS must receive all documents and fees at this address:

Office of Admissions, New Brunswick Theological Seminary 35 Seminary Place, New Brunswick, NJ 08901

### **Personal Information**

Name		
(Last)	(First)	(M.I.)
Current mailing address:		
Permanent address: (if different from	above):	
Phone (check preferred number): Mob	ile ()	Home ()
Wor	k ()	<u></u>
E-mail address:		
Date of Birth://	_	
Social Security Number:*		
*Social Security Number needed for student iden		
Do you need the nonimmigrant student NBTS from another school in the US? entire program of study and living expenses	☐ Yes ☐ No Note: F-1 Stud	n F-1 visa abroad <u>or</u> to transfer F-1 status to dents must document the ability to fund their
How did you learn about NBTS?		
Expected term for Seminary entrance	e: ☐ Fall Spring	Year
Degree program:  ☐ Master of Divinity	u	
☐ Master of Arts in Pastoral (	•	
☐ Master of Theological Stud		
_	-	astoral Care and Counseling
☐ Dual Degree: Master of Div	inity & Master of Arts in Th	neological Studies
Campus: ☐ New Brunswick ☐	New York (at St. John's Un	iversity) [M.Div. only]
Will you attend: ☐ Full time (12 cred	. ,	Part time (less than 12 credits per term)
Do you wish to apply for federal students Do you wish to apply for NBTS school.		
Do you wish to apply for Seminary h	ousing if available?   Yes	s 🗆 No

If you check 'yes', to any of the above, we will mail you detailed information once you have been admitted.

<sup>\*</sup>Stafford loan eligibility: Applicants must be US citizens or legal permanent residents; admitted to full NBTS degree programs (not special, non-degree, or limited enrollment students); registered for at least six credits per semester.

<sup>\*\*</sup>Scholarship eligibility: Most awards are based on demonstrated financial need.

### **Church Information**

Specific denominational affiliation	Website
Local church membership	
(Church name and website)	( )
(Address)	() (telephone number)
(Pastor's name and e-mail address)	
Applicants who are me	embers of the Reformed Church in America:
Are you enrolled with Classis as a candid	late for the Ministry? Yes No
If yes, name of Classis	
Has your Classis applied for a Certificate	of Fitness for Ministry for you? Yes No
Sc	holastic Information
A bachelor's degree is required. From which	h undergraduate institution did you receive your bachelor's degree?
Institution	
Degree received	Date (to be) received
Provide a transcript only if you wish the credit	
Institution	
Degree received	Date (to be) received
Institution	
Degree received	Date (to be) received
Please list <u>all</u> other currently and previou (Include city and state, and the dates of attended)	usly attended colleges, universities, and graduate institutions. dance)

\*Under extraordinary circumstances, a student without a bachelor's degree may be admitted on probation to the Master of Divinity program (See next page).

#### **Admission of Non-Traditional Students**

A limited number of non-traditional students may enter the Master of Divinity program or the Master of Theological Studies program without a bachelor's degree. (Subject to possible waiting list.)

#### **Admissions Requirements for Non-Traditional Students include:**

2.	Age of applicant must be at least 40 years old. I am at least of 40 years of age –	Yes
	No	
3.	Demonstrate distinguished service to the church and vocational commitment to pro-	ofessional
	ministry. Please indicate number of years in ministry:	

1. All the requirements for the Master of Theological Studies or Master of Divinity

4. Complete four college courses from the areas listed below with a grade of "B" or better at an accredited college or university. Please check the four courses you have completed:

English composition

History

Behavioral sciences (psychology, sociology, or anthropology)

Literature

Official transcripts must be forwarded by the institution to Admissions Office.

# Academic/Supervisory Recommendation

TO THE APPLICANT: Please provide the information requested on the top of the form, then give the form to the person giving you a reference, along with a stamped envelope addressed to:

Admissions, New Brunswick Theological Seminary, 35 Seminary Place, New Brunswick, New Jersey, 08901

Name of Applicant	
Degree Sought	Person writing recommendation
	DO NOT WAIVE my right to access to this recommendation in the event at the institution and am accorded this right.
Applicant's signature	Date
that has formed the basis applicant's intellectual ab	below, indicating the ways in which you know the applicant and the relationshis of your judgment. We will appreciate your candid evaluation of the ility, maturity, sense of responsibility, character, emotional stability, and any termine readiness for graduate study in Theology and effectiveness in a ministry.
Signed	Date
Name Printed	
	Phone
	E-Mail

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that has formed the basis of you applicant's intellectual ability, n	indicating the ways in which you know the applicant and the relationship our judgment. We will appreciate your candid evaluation of the naturity, sense of responsibility, character, emotional stability, and any ne readiness for graduate study in Theology and effectiveness in a ry.
Signed	Date
Name Printed	
Title/Position	
	Phone
	E-Mail

#### **Pastor's Recommendation**

(for Master of Divinity applicants)

**TO THE APPLICANT:** Please provide the information requested on the top of the form, then give the form to the person giving you a reference, along with a stamped envelope addressed to: **Admissions**, **New Brunswick Theological Seminary**, **35 Seminary Place**, **New Brunswick**, **New Jersey**, **08901** 

Name of Applicant	
Degree Sought	Person writing recommendation
	O NOT WAIVE my right to access to this recommendation in the event that institution and am accorded this right.
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Signed	Date
Name Printed	
	Phone
	E Mail