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.

Master of Theology and Doctor of Philosophy: January 15
Doctor of Ministry: February 15
Master’s-level programs: 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.

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

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

Application for Admission to
Westminster Theological Seminary
P.O. Box 27009, Philadelphia, Pennsylvania 19118
800-373-0119 • Fax: 215-887-5404 • www.wts.edu

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: _____/____/_____                     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    Month    Day    Year Place of Birth ____________________________________________________________

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.

<table>
<thead>
<tr>
<th>Date of test</th>
<th>TOEFL score</th>
<th>TWE score</th>
<th>TSE score (ThM/PhD applicants)</th>
</tr>
</thead>
</table>

**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:

<table>
<thead>
<tr>
<th>TOEFL</th>
<th>Internet-based</th>
<th>Computer-based</th>
<th>Paper-based</th>
<th>TWE</th>
<th>TSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.Min.</td>
<td>88-89</td>
<td>230</td>
<td>570</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Th.M., PhD.</td>
<td>100</td>
<td>250</td>
<td>600</td>
<td>5</td>
<td>50</td>
</tr>
</tbody>
</table>

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  (* in Suburban Philadelphia  in Dallas*)

**Master of Arts in Religion**  Biblical Studies  Theological Studies  Urban Mission
General Studies  (* in Suburban Philadelphia  in Dallas*)

**Master of Arts**  Biblical Counseling
Urban Mission  (* in Suburban Philadelphia  in Urban Philadelphia  in New York City*)

**Master of Theology**  Old Testament  New Testament  Apologetics
Systematic Theology  Church History

**Doctor of Philosophy**  Hermeneutics/Biblical Interpretation  *Old Testament  New Testament*
(*What is your primary emphasis?*)  Historical/Theological Studies
(*What is your primary emphasis?*)  Apologetics  Church History  Systematic Theology

**Doctor of Ministry**  Urban Mission  Pastoral Counseling  Pastoral Ministries

**Certificate in Christian Studies**  in Suburban Philadelphia  in Dallas

**Certificate in Biblical and Urban Studies**  in Urban Philadelphia only
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  
- [ ] 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.)

<table>
<thead>
<tr>
<th>Name and address of institution</th>
<th>Date attended</th>
<th>Language of instruction</th>
<th>Degree</th>
<th>Date received or expected</th>
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</thead>
<tbody>
<tr>
<td>Elementary</td>
<td></td>
<td></td>
<td>Diploma</td>
<td></td>
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<tr>
<td>Secondary (Middle and High School)</td>
<td></td>
<td></td>
<td>Diploma</td>
<td></td>
</tr>
<tr>
<td>Undergraduate</td>
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</tbody>
</table>

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](http://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.)

<table>
<thead>
<tr>
<th>Title or Description of Work/Ministry</th>
<th>Employer</th>
<th>Dates</th>
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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

Updated 7/30/07
Office of Admissions
Westminster Theological Seminary
P.O. Box 27009, Philadelphia, Pennsylvania 19118
800-373-0119 • Fax: 215-887-5404 • www.wts.edu

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? ________________________________
   In what capacity? ________________________________________________________________
   Very well  Rather Well
   Casually  Not well

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

   (A) Relationship to Christ
   NOT OBSERVED  WEAK  FAIR  GOOD  OUTSTANDING
   ________________________________________________________________
   ________________________________________________________________

   (B) Relationship to spouse/family
   ________________________________________________________________
   ________________________________________________________________

   (C) Relationship to church body
   ________________________________________________________________

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

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<tr>
<th>NOT OBSERVED</th>
<th>WEAK</th>
<th>FAIR</th>
<th>GOOD</th>
<th>OUTSTANDING</th>
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(E) Applicant’s gifts and potential for ministry

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<th>OUTSTANDING</th>
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(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 ___________

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

1. How long have you known the applicant?_________ How well? Very Well   Rather well
   Casually   Not Well

2. In how many of your courses has the applicant enrolled? ______ Graduate or Undergraduate?_______________

3. Among upper-division college students or seminarians, the applicant’s ability rates in the:
   Top 10%    Top 25%    Top 50%    Bottom 50%

4. How would you assess the applicant’s abilities in the following areas?

<table>
<thead>
<tr>
<th>NOT OBSERVED</th>
<th>WEAK</th>
<th>FAIR</th>
<th>GOOD</th>
<th>OUTSTANDING</th>
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<tbody>
<tr>
<td>Intellectual ability</td>
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<tr>
<td>Ability to work with others</td>
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<tr>
<td>Creativity</td>
<td></td>
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<tr>
<td>Interpersonal skills</td>
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</tr>
<tr>
<td>Maturity</td>
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<td></td>
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</tr>
<tr>
<td>Stability</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
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.
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)