



WESTMINSTER  
THEOLOGICAL  
SEMINARY  
TEXAS CAMPUS

We are pleased to learn of your interest in Westminster Theological Seminary. The enclosed application materials are for your use in applying for admission. To complete the application process, you should submit to the Texas Campus a packet that contains the following:

- Signed, completed application form with all relevant personal and spouse statements
- \$40 application fee (check or money order in US dollars)  
or \$25 Special Student application fee  
and \$25 Late fee (if applicable)
- Official transcript(s) from all schools attended in sealed envelopes
- Completed academic reference form in sealed envelope
- Completed church reference form in sealed envelope

***All application materials should be submitted at the same time, though we will accept items sent separately.***

**Financial Aid Application Deadlines:**

Masters programs - U.S. Students

**March 1** (summer or fall entrance, to be considered for fall U.S. Financial Aid)

**September 30** (winter or spring entrance, to be considered for spring U.S. Financial Aid)

Masters programs – International Students

**February 15** (to be considered for International Student Financial Aid)

Thank you for your interest in the Texas Campus of Westminster Theological Seminary. If you have any questions or if we can be of assistance, please contact us.

Sincerely,

Steven T. Vanderhill, Vice President and Dean of the Texas Campus

3838 Oak Lawn Avenue Suite 200, Dallas, Texas 75219

Direct: 214-373-7688    Campus Receptionist: 214-528-8600    FAX: 214-373-0907

Email: [dallas@wts.edu](mailto:dallas@wts.edu)    Web: [www.wts.edu](http://www.wts.edu)

Please provide a recent photo (optional)



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

Application for Admission to Westminster Theological Seminary 3838 Oak Lawn Avenue Suite 200, Dallas, Texas 75219

APPLICATION DEADLINES

Masters-level degrees and Certificate applicants: August or September entrance - March 1. January or February entrance - September 30. Applications received after these deadlines will not be processed without a late fee of \$25.00.

APPLICATION GUIDELINES

- 1. 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. You must collect and submit the appropriate forms along with this application to the Office of Admissions:
a. Official transcripts of academic work that you have completed since high school. Please have certified copies of your academic records sent to you directly from all of the institutions you have graduated from since high school. Please have transcripts translated into English where necessary. Enclose with your application in sealed envelope. If your institution does not allow you to collect official transcripts, have them send transcripts directly to us.
b. Letters of recommendation on the enclosed forms.

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? underline family name US Social Security number - - - - -

Sex: Female Male Race: African American Asian Central American Native American White American Other

Race is requested for statistical purposes only. Westminster Seminary does not practice or condone discrimination against applicants on the basis of race, color, national origin, age, gender, or disability.

Present Mailing Address Street Apartment/Box # City State/Province Zip/Postal Code Country

Permanent Mailing Address Street Apartment/Box # City State/Province Zip/Postal Code Country

Phone Numbers: Home Work E-mail

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 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.

Date of test \_\_\_\_\_

TOEFL score \_\_\_\_\_ TWE score \_\_\_\_\_ TSE score (ThM and PhD applicants) \_\_\_\_\_

**Scores you provide above are unofficial. Official scores must be sent directly to WTS by the Educational Testing Service.**

**ALL APPLICANTS WHOSE NATIVE LANGUAGE IS NOT ENGLISH MUST SUBMIT TOEFL AND TWE SCORES.** PhD and ThM applicants must also submit TSE scores. The required scores are as follows: **All Master level degree and Certificate applicants:** TOEFL – 570, TWE – 4.5. PhD and ThM applicants: TOEFL – 600, TWE – 5.0, TSE – 50. **DMin applicants:** TOEFL – 570, TWE – 5.0

You may make arrangements to take the TOEFL and TWE by contacting: Educational Testing Service, [www.toefl.org](http://www.toefl.org), 1-800-GO-TOEFL.  
Our institutional code (for score reporting purposes) is **2976**.

Name and address of one parent or nearest living relative \_\_\_\_\_

Marital Status  Single  Engaged  Married  Widowed  Separated  Divorced

If applicable: Date of marriage \_\_\_\_\_ Spouse or Fiancé full name \_\_\_\_\_

Is your spouse, or will your spouse also be taking classes at Westminster?  Yes  No If yes, which program will he/she be in? \_\_\_\_\_

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. \*\*

To which degree program are you seeking admission? (Please see the current catalog for descriptions of the degree programs and the prerequisites for each.) **Check only one.** **NOTE:** An applicant to any of our programs **must possess a baccalaureate degree** or its academic equivalent.

\_\_\_\_ **Master of Divinity (M.Div.)** General Studies (92 semester hours of coursework plus Greek and Hebrew)

\_\_\_\_ **Master of Arts in Religion (M.A.R.)** General Studies (55 semester hours of coursework plus Greek and Hebrew)

\_\_\_\_ **Certificate in Christian Studies** (25 semester hours of coursework including AP101 and ST101)

\_\_\_\_ **Special Student - one academic year** (only requires Application, \$25.00 Fee, Church Reference, Photocopy of Transcript/diploma)

Date you plan to enter WTS (must check one):

Year \_\_\_\_\_

Fall Semester

Spring Semester

Winter Term

Summer Session

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

Greek

Hebrew

**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.

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 \_\_\_\_\_

The GRE is not required for M.Div., Certificate, or Special Student admission. Our institutional code (for score reporting purposes) is **2976**.

Scores: Verbal \_\_\_\_\_%\_\_\_\_\_ Analytical \_\_\_\_\_%\_\_\_\_\_ Quantitative \_\_\_\_\_%\_\_\_\_\_

Who will provide your letters of reference?

Church Reference \_\_\_\_\_

Academic Reference(s) \_\_\_\_\_

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 \_\_\_\_\_

**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 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

Office of Admissions  
**Westminster Theological Seminary**

3838 Oak Lawn Avenue Suite 200, Dallas, Texas 75219  
PHONE (214) 528-8600 FAX (214) 373-7688

**THIS PORTION TO BE COMPLETED BY THE APPLICANT:** (Please type or print clearly.)

Name \_\_\_\_\_  
Last First Middle/Maiden

Address \_\_\_\_\_  
Street City State Zip/Postal Code Country

Phone \_\_\_\_\_ Anticipated Program of Study \_\_\_\_\_

**ALSO TO BE COMPLETED BY THE APPLICANT:**

**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 \_\_\_\_\_

(Signing this waiver is voluntary; 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. Please note the provisions of the Family Education Rights and Privacy Act of 1974 as listed above.

How long have you known the applicant? \_\_\_\_\_ How well?  Very well  Rather well

In what capacity? \_\_\_\_\_  Casually  Not well

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  Not observed  Weak  Fair  Good  Outstanding

(over)

(C) Relationship to church body       Not observed       Weak       Fair       Good       Outstanding

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(D) Relationship to those outside the church       Not observed       Weak       Fair       Good       Outstanding

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(E) Applicant's gifts and potential for ministry       Not observed       Weak       Fair       Good       Outstanding

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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 WTS 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, or 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 \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the WTS Admissions Office at the address listed above. Thank you for your help.

Office of Admissions  
**Westminster Theological Seminary**

3838 Oak Lawn Avenue Suite 200, Dallas, Texas 75219  
PHONE (214) 528-8600 FAX (214) 373-0907

**THIS PORTION TO BE COMPLETED BY THE APPLICANT:** (Please type or print clearly.)

Name \_\_\_\_\_  
Last First Middle/Maiden

Address \_\_\_\_\_  
Street City State Zip/Postal Code Country

Phone \_\_\_\_\_ Anticipated Program of Study \_\_\_\_\_

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

(Signing this waiver is voluntary; 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 provisions 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  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?

Intellectual ability  Not observed  Weak  Fair  Good  Outstanding

Ability to work with others  Not observed  Weak  Fair  Good  Outstanding

Creativity  Not observed  Weak  Fair  Good  Outstanding

Interpersonal skills  Not observed  Weak  Fair  Good  Outstanding

Maturity	<input type="checkbox"/> Not observed	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Stability	<input type="checkbox"/> Not observed	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Written communication skills	<input type="checkbox"/> Not observed	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Oral communication skills	<input type="checkbox"/> Not observed	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Diligence	<input type="checkbox"/> Not observed	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Organization	<input type="checkbox"/> Not observed	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Research work	<input type="checkbox"/> Not observed	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Quality of work	<input type="checkbox"/> Not observed	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Leadership skills	<input type="checkbox"/> Not observed	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Potential	<input type="checkbox"/> Not observed	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding

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 \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the WTS Admissions Office at the address listed above. Thank you for your help.

