

# URBANA THEOLOGICAL SEMINARY

## APPLICATION FOR ADMISSION

For admission to Urbana Theological Seminary, please complete and send the following:

### All programs:

#### Master of Arts in Religion (M.A.R.), Master of Divinity (M.Div.), Graduate Certificate of Christian Studies (G.C.C.S)

- ❖ New Program Student Application
- ❖ Autobiographical Statement<sup>1</sup>
- ❖ Official Transcript(s) from all institutions attended subsequent to high school (The prospective student must request that transcripts be sent to Admissions from any institution from which you received a degree, at which you completed coursework prerequisite to the degree sought, or at which you completed three or more classes.)
- ❖ 2 Recommendations:<sup>2</sup>
  - ◆ a pastor
  - ◆ preferably a teacher/faculty member but alternatively an employer or business acquaintance
- ❖ \$25 one-time application processing fee paid by check (The one-time application processing fee may also be paid by Visa or MasterCard by phone or online.)

### All Master's degree (M.A.R. } M.Div.) programs:

- ❖ Statement of Calling<sup>3</sup>
- ❖ Resume detailing experience – optional
- ❖ TOEFL Score (if English is not your native language or was not the primary language of instruction in previous schools.)

### Visiting Students:

- ❖ Visiting Student Application (Please contact the UTS office for an application)
- ❖ \$10 processing fee

#### <sup>1</sup> Autobiographical Statement (Applicants to all programs)

In a brief (1-2 page) essay, give an autobiographical sketch, highlights of your spiritual journey, and sense of direction for the future. Include anything further that would be important for the Admissions Committee to know.

#### <sup>2</sup> Recommendations (Applicants to all programs)

Please have persons in the appropriate positions or relationships complete the two application forms. If you are unable to provide a reference from a teacher, you may substitute as needed. On each reference form there is a space for you to sign in order to waive your right of access to see the recommendations. It is common courtesy to provide a stamped envelope addressed to the Urbana Theological Seminary Admissions Office for each reference.

#### <sup>3</sup> Statement of Calling (Applicants to Master's degrees)

In a brief (1 page) essay describe your sense of calling from God. What are your goals for the future? How will you use the knowledge gained from studying at a seminary in whatever profession or vocation you choose to pursue?

Please contact the Admissions office for any questions.

### Application Deadlines:

Fall Semester: May 1<sup>st</sup>

Spring Semester: November 1<sup>st</sup>

Applications received after these dates are subject to a \$10 late application fee.

### Send the appropriate materials to:

#### Admissions

Urbana Theological Seminary  
314 East Daniel Street  
Champaign, IL 61820

Phone: 217.365.9005

[www.urbanatheologicalseminary.org](http://www.urbanatheologicalseminary.org)





Previous Employment (list employment or attach a resume):

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Home Church: \_\_\_\_\_

Local Church (if different from home church): \_\_\_\_\_

Enrollment Information:

Term in which you would like to start classes:

Term:

Year: 20\_\_\_\_\_

- Fall semester
- Spring semester
- Summer session

Anticipated Academic Status:

- Full-time
- Part-time

Degree program for which you are seeking admission (check only one):

- Master of Divinity
- Master of Arts in Religion
- Graduate Certificate of Christian Studies

**PASTOR RECOMMENDATION:**

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

**TEACHER/FACULTY RECOMMENDATION (alternatively an employer or a business acquaintance):**

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

**PASTOR'S REFERENCE FORM**  
**APPLICATION TO URBANA THEOLOGICAL SEMINARY**

(314 E. Daniel St., Champaign, IL 61820; 217-365-9005; [www.urbanatheologicalseminary.org](http://www.urbanatheologicalseminary.org))

*Applicant to complete this portion:* Applicant's Name: \_\_\_\_\_

- Master of Divinity     Master of Arts in Religion     Graduate Certificate in Christian Studies

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to access their education records, students may waive their right to see letters of recommendation. Since applicants and those who provide recommendations may wish to preserve the confidentiality of those evaluations, you may sign below to waive your right to examine this form:

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Person providing the recommendation to complete this portion:* The individual named above is making application to a degree program of Urbana Theological Seminary. Please note the provisions of the Family Education Rights and Privacy Acts of 1974 as indicated above which gives the applicant the right to review the contents of this recommendation unless that right to do so has been waived by signing the above. Thank you for your help.

How do you assess the applicant in each of the following categories as compared to his/her peers?

	Not Observed	Poor	Fair	Average	Good	Excellent
Academic ability						
Attitude						
Spiritual maturity						
Interpersonal abilities: Ability to work with others						
Ministry potential						

**In an attached letter of reference**, please describe the person whom you are recommending. What is the nature of your relationship with the individual? How long have you known him or her and in what context(s)? Assess the individual's spiritual growth and depth; strengths and weaknesses; heart for God and for ministry; and future potential. Thank you for your help.

I recommend this applicant for admission to Urbana Theological Seminary

- Enthusiastically  
 Recommend  
 With reservations  
 Do not recommend

Your name: \_\_\_\_\_ Your signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

**FACULTY/EMPLOYER REFERENCE FORM**  
**APPLICATION TO URBANA THEOLOGICAL SEMINARY**

(314 E. Daniel St., Champaign, IL 61820; 217-365-9005; [www.urbanatheologicalseminary.org](http://www.urbanatheologicalseminary.org))

*Applicant to complete this portion:* Applicant's Name: \_\_\_\_\_

- Master of Divinity     Master of Arts in Religion     Graduate Certificate in Christian Studies

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to access their education records, students may waive their right to see letters of recommendation. Since applicants and those who provide recommendations may wish to preserve the confidentiality of those evaluations, you may sign below to waive your right to examine this form:

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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How do you assess the applicant in each of the following categories as compared to his/her peers?

	Not Observed	Poor	Fair	Average	Good	Excellent
Academic ability						
Diligence						
Motivation						
Attitude						
Maturity						
Interpersonal abilities: Ability to work with others						

**In an attached letter of reference**, please describe the person whom you are recommending. What is the nature of your relationship with the individual? How long have you known him or her and in what context(s)? Assess the individual's academic abilities; potential for pursuing graduate studies successfully; ability to think critically; ability to solve problems creatively; strengths and weaknesses; abilities to work alongside others; and future potential. Thank you for your help.

I recommend this applicant for admission to Urbana Theological Seminary

- Enthusiastically  
 Recommend  
 With reservations  
 Do not recommend

Your name: \_\_\_\_\_ Your signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_