



NORTHERN *Seminary*

BIBLICAL • MISSIONAL • PERSONAL



APPLICATION FOR ADMISSION

MASTER



ADMISSIONS CHECKLIST

Your application for admission will be reviewed upon receipt of the following items:

ALL PROGRAMS

- ☐ Completed and signed application form.
- ☐ A non-refundable application fee.
 - a. Masters Programs - \$35.00
 - b. Doctoral Programs - \$50.00
 - c. Auditor or Special Student - \$25.00

Please make checks payable to Northern Seminary.

- ☐ If English is not your native language, and you have not completed a degree in which the courses were taught in English, submit TOEFL scores with your application.
- ☐ An official transcript from each academic institution you have attended beyond high school mailed from the institution directly to Northern's Admissions Office.

MASTER'S AND DIPLOMA PROGRAMS

- ☐ A recommendation from your pastor.
- ☐ An autobiographical statement of 400 words or more. Your statement must be typewritten and include, though need not be limited to, the following:
 - a. Christian experience, including Christian conversion and spiritual pilgrimage.
 - b. Your understanding of your Christian responsibility and the vocational role to which you have been called.
 - c. Christian work/ministry you have already done which parallels or validates your decision to apply to seminary.
 - d. Why you have decided to apply to seminary.
 - e. Why you have decided to apply specifically to Northern.

DOCTORAL PROGRAMS

- ☐ Recommendation from three persons who know you well enough to write about you and your qualifications. You are responsible for securing these references using the forms provided by Northern Seminary.
- ☐ A typed, three to four page, single-spaced, self evaluation of your ministry in which you answer the following questions.
 - a. What arrangements will you make with the congregation/institution to schedule the time for advanced study?
 - b. Describe your relationship with other staff members, the pastoral relations committee, board members and other responsible persons in the congregation or organization.
 - c. What formal or informal learning experiences have contributed significantly to your personal and professional growth in the last five years? In the last ten years?
 - d. What are your long-range goals for ministry?
 - e. Identify the main strengths and weaknesses you bring to ministry.
 - f. Discuss the field in which you might make an innovative contribution to the profession of ministry and your readiness to make that contribution.
 - g. How effective are you in the management of time? Explain why you believe you have the discipline to complete this doctoral program.

APPLICATION FOR ADMISSION

- ☐ Lombard Campus
- ☐ Lawndale Campus
- ☐ Rockford Campus

PERSONAL INFORMATION

Full Legal Name Last: _____ First: _____ Middle: _____

Other Last Names (*currently or previously used*): _____

Social Security Number: _____ - _____ - _____ Daytime Telephone Number: (____) _____

Evening Telephone Number: (____) _____ Cell Phone Number: (____) _____

E-mail address: _____

Home mailing address:

Street: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____

If admitted, will you be seeking on-campus housing? ☐ Yes ☐ No If yes, for how many people: _____

REGISTRATION INFORMATION

When do you plan to begin studies? Year _____ ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Have you applied to Northern in the past? ☐ Yes ☐ No

If yes, please give date of application and name under which you applied:

Name: _____ Date: _____ / _____ / _____

Do you expect to be enrolled full or part-time? ☐ Full-time ☐ Part-time

Do you plan to transfer credits into Northern? ☐ Yes ☐ No

Please list other seminaries to which you may be applying: _____

To which program are you seeking admission:

Master's Programs:

- ☐ Master of Divinity (*MDiv*)
- ☐ Master of Arts in Christian Ministries (*MACM*)
- ☐ Master Specialization (*MSPEC*)

Doctor of Ministry Programs:

- ☐ Traditional
- ☐ Partnership
- ☐ Cohort

Please write name of program in which you are interested

Diploma Programs:

- ☐ Diploma of Ministry (*DipMin*)
- ☐ Diploma of Theology (*DipTh*)
- ☐ Diploma of Specialization (*DipSpec*)

Other Programs:

- ☐ Student-At-Large (*Up to 12 master's level credits taken for credit by students not enrolled for a degree*)
- ☐ Visiting Student (*Student enrolled at another seminary taking an occasional Northern course*)
- ☐ Auditor
 - ☐ Master ☐ Doctoral
- ☐ Advanced Student at Large (*Doctoral Students Only*)
- ☐ Post-Doctoral Special Student
 - ☐ Credit ☐ Non-credit

EDUCATIONAL BACKGROUND

Please list all institutions attended after high school including college, university, and seminary.

Remember to have an official transcript sent directly to Northern by each institution.

Name of institution: _____

Major: _____

Degree or Diploma Earned: _____ Graduation Month/Day/Year: ____/____/____

Name of institution: _____

Major: _____

Degree or Diploma Earned: _____ Graduation Month/Day/Year: ____/____/____

Name of institution: _____

Major: _____

Degree or Diploma Earned: _____ Graduation Month/Day/Year: ____/____/____

HEALTH/OTHER CONFIDENTIAL INFORMATION

Do you have any physical challenges or disabilities which might affect your pursuit of seminary studies?

- ☐ Yes
☐ No

(If yes, please describe on a separate sheet of paper. Please include a description of any special assistance you might find helpful.)

Many persons competent in ministry have experienced mental and/or nervous disorders. Have you experienced any of these?

- ☐ Yes
☐ No

(If yes, please describe on a separate sheet of paper.)

Are there any other facts regarding your health that are relevant to your pursuing studies at Northern Seminary?

- ☐ Yes
☐ No

(If yes, please describe on a separate sheet of paper)

Have you ever been convicted of a felony?

- ☐ Yes
☐ No

(If yes, please attach a written explanation.)

HEALTH INSURANCE INFORMATION

Company _____ Policy and Group # _____

WORK INFORMATION

Please list your last three work/ministry positions (or experiences). Begin with the most recent.

Employing Company or Church: _____ ☐ Full time ☐ Part time

Position: _____ Company or Church Phone: (____) _____

Work e-mail address: _____

Employing Company or Church: _____ ☐ Full time ☐ Part time

Position: _____ Company or Church Phone: (____) _____

Work e-mail address: _____

Employing Company or Church: _____ ☐ Full time ☐ Part time

Position: _____ Company or Church Phone: (____) _____

Work e-mail address: _____

CHURCH INFORMATION

Name of church where you are now a member: _____

Name of Senior Pastor: _____

Formal name of denomination: _____ E-mail address: _____

Church Address: _____ City: _____ State: _____ Zip Code: _____

Church Phone: (____) _____

SEMINARY RESEARCH INFORMATION

This information is not used for admissions decisions.

Date of Birth: ____/____/____ Place of Birth: (city, state, country) _____

Gender: ☐ Female ☐ Male Marital Status: ☐ Single ☐ Married State of Legal Residency: _____

Of which ethnic group are you a member?

- | | | | |
|--|--|--------------------------------|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Non-Resident Alien | <input type="checkbox"/> Asian | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanics of any race | <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Race/Ethnicity unknown | | | |

Please select from the following:

☐ U.S. Citizen ☐ Permanent U.S. Resident ☐ International Student (requiring F-1)

Country of Citizenship: _____

REFERENCES (Master's Program 1 - Doctoral Program 3)

A recommendation should be from someone who knows you well enough to write about you and your qualifications.

It is the applicant's responsibility to send the enclosed Recommendation for Admissions forms to the three persons listed below.

Name: _____ Title: _____

Address: _____

Day Phone: (_____) _____

Name: _____ Title: _____

Address: _____

Day Phone: (_____) _____

Name: _____ Title: _____

Address: _____

Day Phone: (_____) _____

EMERGENCY CONTACT INFORMATION

Please list two persons who may be contacted by Northern if you experience an emergency.

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Evening Phone (_____) _____

Relationship to you _____

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Evening Phone (_____) _____

Relationship to you _____

COMPUTER TECHNOLOGY AND NORTHERN SEMINARY

All Northern students are expected to have a level of technological proficiency, which enhances the educational experience.*

Northern students must have:

- A) Easy and regular access to a personal or public computer with Internet access
- B) A personal email account that is active and regularly used**
- C) Access to word processing software, which is required for written academic paper assignments

By signing this application you confirm that you understand and can meet the stated technology requirements.

** Additional requirements exist for students participating in classes that are fully online. (available at www.seminary.edu)*

*** When you are admitted and register for classes you will be assigned a @student.seminary.edu email address. All official seminary communication is sent to you through this student email address which you will be required to use throughout your enrollment. You may have email to this address forwarded to an email address of your choosing.*

STATEMENT

Please sign and submit this application along with the additional materials listed on the cover page. Once submitted, the application and all supporting documents become the property of Northern Seminary and may not be returned to you, nor may they be used for any other purpose.

By signing below, I acknowledge that all statements on this application are true to the best of my knowledge. I understand that fraudulent statements may be grounds for denial of this application or dismissal from the seminary at a later date.

I also acknowledge that I have read and understand the "Standards of Conduct" as outlined in the Academic Catalog (<http://www.seminary.edu/current-students/academic-catalog/>).

Signature

_____/_____/_____
Date

Mail or fax the completed reference to:

Admissions
Northern Seminary
660 E. Butterfield Road
Lombard, IL 60148
Fax: (630) 620-2190



RECOMMENDATION FOR ADMISSION

Applicant's Name: _____

Address _____ City _____ State _____ Zip _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Name of person you are asking to provide a reference: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Address _____ City _____ State _____ Zip _____

INSTRUCTIONS TO PERSON PROVIDING RECOMMENDATION

Please complete the form below. The above named person has applied for admission to Northern Seminary as a graduate theological student and has given your name as a reference. We would appreciate your candid evaluation of the applicant through your responses to the questions which follow. Your assessment will be helpful in judging the applicant's qualifications and personal readiness for admission into a rigorous academic program that will challenge them personally, intellectually and spiritually.

How long have you known the applicant? _____ In what capacity? _____

Do you recommend this person for admission? ☐ Yes ☐ No

If yes: ☐ With complete confidence OR ☐ With some reservations

Please explain reservation and areas for potential growth: _____

Would you recommend this person to a ministry position? ☐ Yes ☐ No

TO THE APPLICANT

I understand that this recommendation is to be received and maintained in confidence by Northern Seminary for admission, consideration for graduate student status, and will become a part of my official Admissions file. I hereby expressly waive any and all rights I have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; the right to request an amendment of this letter.

☐ I agree to waive access to this recommendation ☐ I do not agree to waive access to this recommendation.

Signature of Applicant: _____ Date _____