

BOSTON COLLEGE

School of Theology & Ministry 140 Commonwealth Avenue Chestnut Hill, MA 02467-3800

Application Form

PERSONAL INFORMATION	ON		minimum required fields. Other do not a condition. Upon submission additional required fields.	л,
1. LEGAL NAME				
PREFIX	LAST*	FIRST*	MIDDLE SUFF	FIX
2. DATE OF BIRTH*	mm/dd/yyyy 2a. SOCIA	L SECURITY NUMBER		
3. GENDER* MALE FEMAL	E			
4. CONTACT INFORMATION				
PERMANENT* INTERNATIO	NAL ADDRESS			
NUMBER &	PTDEET*	ADDRESS	LINE 2 (if applicable)	
NUMBER &	SIREEI	ADDRESS	LINE 2 (II applicable)	
CITY*	STATE/PROVINCE*	ZIP CODE*	COUNTRY*	_
CURRENT ADDRESS SAME AS	· L) mm/yyyy		
NUMBER &	SIREEI*	ADDRESS	LINE 2 (if applicable)	7
CITY*	STATE/PROVINCE*	ZIP CODE*	COUNTRY	_
E-MAIL ADDRESS*				
TELEPHONE NUMBER				
U.S. HOME	INTERNA	TIONAL HOME	CELL	
5. CITIZENSHIP INFORMATION* U.S. CITIZEN F	ERMANENT RESIDENT			
If not U.S. citizen or U.S. perman	ent resident:			
COUNTRY OF CITIZENSHIP*		COUNTRY OF BIRTH*		
COUNTRY OF CITIZENSHIP* (if dual citizenship)		CITY OF BIRTH*		

IF YOU ARE CURRENTLY LIVING IN THE U.S. CURRENT VISA STATUS*

If you have dual citizenship, list first the country whose passport you will be using for travel

6. ETHNICITY (For U.S. Citizens and Permanent Residents only. This information is optional.)

1. ARE YOU HISPANIC OR WHICH BEST DESCRIBES Y	•		O C. ASIAN (INCLUDING INDIA SUBCONTINENT A	
CENTRAL AMERICA		SOUTH AMERICA (EXCLUDING BRAZIL)	WHICH BEST DESCRIBES YO	ur background?
CUBA		SPAIN	CHINA	OTHER EAST ASIA
MEXICO		HER	INDIA	
	011	1ER	JAPAN	OTHER INDIAN SUBCONTINENT
PUERTO RICO			KOREA	THE REPORT OF THE PROPERTY OF
2 DECARDI ESS DE VOLIR	ANSWER TO	QUESTION 1, PLEASE CHECK ANY	PAKISTAN	
AND ALL THAT YOU CO			PHILIPPINES	OTHER SOUTHEAST ASIA
A. AMERICAN INDIAN OR) VI V C IV V V V V	TIVE YES N	VIETNAM	
	YES NO			
IF YES, PLEASE ENTER TRIBAL			D. NATIVE HAWAIIAN OR G	OTHER YES NO
			PACIFIC ISLANDER	_
WHICH BEST DESCRIBES Y			WHICH BEST DESCRIBES YO	ur background?
ALASKA NATIVE		NAVAJO		OTHER PACIFIC ISLANDS (EXCLUDING PHILIPPINES)
CHIPPEWA		SIOUX	HAWAII	excessing rineiri ines)
CHOCTAW	ОТІ	HER	SAMOA	
CHEROKEE				
			E. WHITE (INCLUDING MIDE	DLE EASTERN) YES NO
B. BLACK OR AFRICAN AN	,	· ·	O WHICH BEST DESCRIBES YO	ur background?
WHICH BEST DESCRIBES Y	OUR BACKGRO	nnd;	EUROPE	OTHER
U.S./AFRICAN AMERICA	N OTI	HER	MIDDLE EAST	
AFRICA			- ·	
CARIBBEAN				
7. ACADEMIC INTEREST	.a.*		INTENDED DEGREE/	
INTENDED PROGRAI	VI*		CERTIFICATE*	
INTENDED CONCENTRATION*			DUAL DEGREE PROGRAM*	
INTENDED ENTRANCE	TERM*			
		TORAL PROGRAM AND ARE NOT A D FOR THE MASTER'S DEGREE IN		□NO
ANTICIPATED TERMS	OF STUDY*			
8. TEST INFORMATION	DATE TAK	(EN (MM/YYYY) SELF-REPORTE	ED SCORE	
GRE				
J112				
_		VERBAL	QUANTITATIVE ANALYTIC	
GRE SUBJECT TEST				
TOEEL				_
TOEFL				
TOEEL TEST TYPE			_	
TOEFL TEST TYPE				
9. LANGUAGE				
NATIVE LANGUAGE:				
PROFICIENCY IN LANG	GUAGES OT	HER THAN YOUR NATIVE LANGUA	AGE (rate yourself GOOD, FAIR, I	POOR)
LANGUAGE		READING	WRITING	SPEAKING

10. PREVIOUS COLLEGES AND UNIVERSITIES ATTENDED

	LOCATION	MAJOR	DEGREE	FROM	то
Cumulative undergrad	luate GPA	in major (if known)	<u>. </u>		
ROFESSIONAL, BUSI	NESS, RESEARCH	& TEACHING POSITIONS			
INSTITUTION/COMI	PANY	LOCATION	POSITION/TITLE	DATES EMPLOYED	
ECOMMENDATIONS					
MES OF PERSONS Y	OU WILL CONTAC	T TO SUBMIT LETTERS OF	RECOMMENDATION ON YOUR BE	HALF	
NAME		TITLE	EMAIL ADDF	RESS	
	subilit additional ii	st if necessary)			
JBLICATIONS (subm					
ESEARCH INTEREST	it additional list if it additional list if it is seen to be seen	ecessary) your research interests, s	ubmit additional list if necessary) OLS TO WHICH YOU ARE APPLYIN	G	
ESEARCH INTEREST	it additional list if it additional list if it is seen to be seen	ecessary) your research interests, s		G	
	it additional list if it additional list if it is seen to be seen	ecessary) your research interests, s		G	

PHILOSOPHY/THEOLOGY PRE	VIOUS COURSEWORK (Previous	us semester courses completed)
17. HOW MANY UNDERGRADUATE PHILOS	OPHY COURSES HAVE YOU COMPLETED?	
18. HOW MANY GRADUATE PHILOSOPHY C	COURSES HAVE YOU COMPLETED?	
19. HOW MANY UNDERGRADUATE THEOLO	OGY COURSES HAVE YOU COMPLETED?	
20. HOW MANY GRADUATE THEOLOGY CO	OURSES HAVE YOU COMPLETED?	
RELIGIOUS BACKGROUND AN	ID STATUS	
21. RELIGIOUS DENOMINATION		
22. RELIGIOUS STATUS		
IF OTHER, PLEASE LIST		
Please complete the section below if you ar		ation or a diocesan priest or deacon:
ORDER/CONGREGATION (FUL	_L NAME)	STANDARD INITIALS OF ORDER
PROVINCE/DIOCESE		YEARS OF MEMBERSHIP
	NAME OF YOUR MAJOR SUPERIOR	OR BISHOP
	ADDRESS OF SUPERIOR OR BISHO	DP
CITY	STATE/PROVINCE ZIP CODE	COUNTRY
GITT	STATE/PROVINCE ZIP CODE	COUNTRY
TELEPHONE NUMBER		
23. HAVE YOU EVER BEEN SUSPENDED FR	ROM MINISTRY FOR ANY REASON?	□yes □no
If yes, it is required that you submit wi	ith this application a letter of endorsement f dorsement of your enrollment in a graduat	rom the proper ecclesiastical authority,
24. DO YOU INTEND YOUR ENROLLMENT II	N STM TO BE PREPARATION FOR ORDINA	TION? YES NO
If yes, four years of theological studies Please indicate which of the options de	s are required in preparation for ordination to escribed below you intend to pursue:	to the presbyterate.
MDiv with enhancements (eight add	ditional graduate courses) MDi	v and ThM MDiv and STL
I hereby certify that the information	ation in this Application is complete	and accurate to the best of my knowledg
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