



Oblate School of Theology
 285 Oblate Drive
 San Antonio, TX 78216-6693
 www.ost.edu

**APPLICATION FOR ADMISSION
 GRADUATE SCHOOL**

ANTICIPATED ENTRANCE: Fall Spring Summer Year _____

Type or print legibly using ink

I. PERSONAL INFORMATION

Full Name _____
Please PRINT Last (Family) (Title) First Middle Previous Name (if applicable)

San Antonio Address _____
No. & Street City State Zip

Home Tel. No. _____ - _____ - _____ **Cell or Work No.** _____ - _____ - _____ **e-mail address** _____

Mailing Address (until _____) _____
No. & Street City State Zip

Billing Address _____ **Contact Person/Position** _____
No. and Street City State Zip

Social Security Number
 _____ - _____ - _____
 (optional)

Date of Birth
 Month _____ Day _____ Year _____

Military Information
 Veteran? No Yes
 Educational Benefits? No Yes
 What Chapter? _____

City & Country of Birth _____ **Country of Citizenship** _____ **Type of U.S. Visa** _____

Male Female Single Married Widow(er) **Need U.S. INS form for full-time student?** No Yes

Denominational Affiliation _____
(Be as specific as possible e.g. American or Southern Baptist, rather than simply Baptist.)

Seminarians:
Diocese _____ **Religious Congregation** _____

The following **optional** information is requested only of **U.S. citizens and permanent residents**. The information on this page is strictly confidential. *Please check applicable box.*

- American Indian or Alaskan Native Hispanic Black, non-Hispanic
 White, non-Hispanic Asian or Pacific Islander Nonresident alien

**II. DEGREE PROGRAM (specify):
 Post-Graduate & Graduate Degrees**

- Master of Divinity (80 hrs) Master of Divinity + Certificate for Presbyteral Ministry (104 hrs)
 Master of Divinity for Clergy (Previous Ordination Date) _____
 Master of Arts (Theology) Master of Arts in Pastoral Ministry

Other Programs

- Certificate of Pastoral Studies Pre-Theology Program Pastoral English
 Lay Ministry Institute (undergraduate academic credit 1st yr.)

Have you ever been denied admission to a school? No Yes Have you ever been expelled by a school? No Yes

Have you ever previously made an application (degree or non-degree) to this Graduate School? No Yes

ENTRANCE TEST: GRE TOEFL Miller Analogies – **TEST SCORE** (if known) _____ **Scheduled / Test Date** _____
Page 1 of 2 (over)



Oblate School of Theology APPLICATION FOR ADMISSION

III. EDUCATION:

List in chronological order all colleges and universities attended. Official transcripts of all college/graduate work must be sent to the REGISTRAR'S OFFICE by: June 30th for Fall Semester; Dec 30th for Spring Semester; and May 1st for Summer Session.

<u>Institution</u>	<u>Date of Attendance</u>	<u>Degree and Major</u>	<u>Date Graduated/Expected</u>
UNDERGRADUATE			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
GRADUATE			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Requesting to transfer in graduate theology? Yes No How many semester hours? _____ School? _____

IV. REFERENCES:

Name three persons acquainted with your academic and/or professional experience. Provide a stamped, addressed envelope for each recommender. Address envelopes to: Registrar's Office, Oblate School of Theology, 285 Oblate Dr., San Antonio, TX 78216-6693.

Authority in your denomination
attesting to your good standing:

	<u>Name and Title</u>	<u>No. and Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	_____	_____	_____	_____	_____
Academic	_____	_____	_____	_____	_____
Your choice:	_____	_____	_____	_____	_____

V. EXPERIENCE:

List any significant professional or career related experiences:

<u>Employer</u>	<u>Employer's Address</u>	<u>Position Held</u>	<u>Approximate Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List significant academic honors or awards, and honor society memberships:

Describe any ministerial experience: _____

Do you have any medical condition or handicap that requires special attention, drugs or equipment, or facility accommodations that would affect your attendance? If yes, what are your specific needs? _____

I affirm that all the foregoing information is true and correct to the best of my knowledge.

Applicant's Signature

Date



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**GRADUATE SCHOOL
BIOGRAPHICAL INFORMATION**

Name of Applicant _____ Date _____

Social Security Number ____ - ____ - ____ Date of Birth _____ Degree Plan _____

In writing your statement keep in mind that we are interested in knowing you, your life experience and above all, your faith experience. Reflect, and share the events and experiences of your life which have brought you to this stage of your development. Please confine your comments to this page. (Please, no print font smaller than 10).



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**GRADUATE SCHOOL
STATEMENT OF GOALS AND OBJECTIVES**

Name of Applicant _____ Date _____

Social Security Number ____ - ____ - ____ Date of Birth _____ Degree Plan _____

Prepare a brief but careful statement regarding:

- 1) reasons you want to do graduate work in theology
- 2) your specific interests and experiences in the field,
- 3) any specific skills or experiences that may relate to ministry and
- 4) your career plans. Confine your comments to this page. (Please, no print font smaller than 10.)