

APPLICATION
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GRADUATE DEGREE PROGRAM APPLICATION

I am applying for admission to Christ the King Seminary for Fall 20____ Spring 20____ Summer 20____ semester

GENERAL INFORMATION *(Please print or type)*

Name: _____
Last First Middle (Maiden)

Home Address: _____
Number & Street City State Zip

County: _____ Home Phone: _____ Work Phone: _____

E-mail: _____ Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Veteran: Yes No Country of Citizenship: _____

Marital Status: Single Married Divorced Widowed Religious Clergy

EMERGENCY INFORMATION

Contact Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Address: _____

City/State: _____ Zip: _____

Christ the King Seminary does not discriminate against any applicant because of race, sex, national origin, disabilities, or religious affiliations. In order for the seminary to reply to required state and federal questionnaires, you are asked to assist us on a voluntary basis, by answering the following questions:

Sex: Male Female

Ethnic Background:

- White, Non-Hispanic African-American
 Hispanic/Latino Asian or Pacific Islander
 Native American or Alaska Native

Religious Denomination: _____

(Please be specific)

Parish/Church: _____

Please indicate any **handicapping condition** of which you wish the seminary to be aware: _____

For Office Use Only:

Program Code: _____ Date of Matriculation: _____ Scholarship Program: _____

Have you ever taken graduate courses at Christ the King Seminary? Yes No

If yes, please indicate the year(s) and semester(s) of your attendance: _____

Please indicate the degree program to which you are applying:

- | | | | |
|-----------------------------------|--------------------------|--|--------------------------|
| <i>Master of Divinity</i> | <input type="checkbox"/> | <i>Master of Arts in Pastoral Ministry</i> | <input type="checkbox"/> |
| <i>Master of Arts in Theology</i> | <input type="checkbox"/> | | |
| <i>UNCERTAIN</i> | <input type="checkbox"/> | | |

**Matriculation is granted after a student has successfully completed three (3) courses in one of the degree programs mentioned above*

REFERENCES *(Please list the names of two people from whom you will request letters of recommendation)*

1. _____
First Name *Middle* *Last*

Title / Position in Institution

Address *City/State* *Zip*

2. _____
First Name *Middle* *Last*

Title / Position in Institution

Address *City/State* *Zip*

