

UNIFICATION THEOLOGICAL SEMINARY

30 Seminary Drive, Barrytown, NY 12507

4 West 43rd Street, New York, NY 10036

Phone: (212) 563-6647, ext 110 Fax: (212) 563-6431

E-mail: recruitment@uts.edu

APPLICATION FOR GRADUATE ADMISSION

Programs

- | | |
|---|---|
| <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Master of Arts in Religious Studies |
| <input type="checkbox"/> Master of Religious Education | <input type="checkbox"/> Concentration: Inter-faith Peacebuilding |
| <input type="checkbox"/> Concentration: Inter-faith Peacebuilding | <input type="checkbox"/> Concentration: Non-Profit Leadership |
| <input type="checkbox"/> Concentration: Religious Education | <input type="checkbox"/> Concentration: Unification Studies |
| <input type="checkbox"/> Foundation Program | <input type="checkbox"/> Concentration: Theological Studies |

Prospective Entrance Date: Fall Spring

Year 2016 2017 2018

Personal Identification

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Last/ Family Name

First Name

Middle Name

U.S. Social Security Number --

Visa Status

F-1

Date of Birth Month Day Year.

R-1

Gender Male Female

U.S. Resident Alien Number _____

Other _____

Place of Birth _____ Citizenship _____

Native Language _____ Religious Affiliation _____

Racial/Ethnic Background:

Hispanic of any race

For non-Hispanics only:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Two or more races

Veteran Status: Yes No

Addresses

E-Mail Address _____ Telephone (home) _____

Present Mailing Address (until _____)

Street _____ City _____

State _____ Zip _____ County _____ Nation _____

Telephone (work) _____ Fax _____ Cell Phone _____

Permanent Mailing Address (if different)

Street _____ City _____

State _____ Zip _____ County _____ Nation _____

Academic Qualifications

College/University - Undergraduate

Name _____ Location _____ Major _____

Dates Attended _____ Bachelor's Degree Associate's Degree Diploma. Other _____

Name _____ Location _____ Major _____

Dates Attended _____ Bachelor's Degree Associate's Degree Diploma. Other _____

Theological Seminaries and Graduate Schools

Name _____ Location _____

Dates Attended _____ Degree _____

*Please attach Official Transcripts and Proof of Graduation.
If you went to any other Schools, Colleges, or Universities please attach a list*

English Proficiency

Most Recent TOEFL Score _____ Date _____

Church or Faith Community Responsibilities (three most recent)

Name of Place	Area of Responsibility	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Employment (three most recent)

Name of Employer	Position Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Questions

1. Please state the reasons you desire to enroll in the Unification Theological Seminary.

2. How did you hear about Unification Theological Seminary?

Date_____

Signature_____