INSTRUCTIONS FOR APPLICATION

Dear Applicant:

We are pleased to enclose an application form for admission to a graduate program of this Seminary. We use a self-mailing application procedure to facilitate the process. You are requested to complete, gather, and submit the application and supporting documents in one package. Thus, at the time you submit your application, either in person or by mail, it should include the following items.

1. The complete basic application form (Type or print only).
2. Recent color passport size photo of yourself.
3. Check or money order for $30.00, payable to NYTS, to cover the non-refundable application fee.
4. Sealed envelopes containing official transcripts from all colleges, Universities or professional schools you have attended:
5. 3 sealed Letters of Recommendation from (a) A college professor (if this is not practical, someone to whom you minister; (b) A colleague or associate; and (c) an ecclesiastical superior or pastor.
6. Complete the required essay questions (type only).
7. Submit proof of immunization for Measles (2 doses); Mumps & Rubella (1 dose each) if born on or after Jan 1, 1957.
8. Submit Student Verification of Health Insurance Coverage form.
10. Submit proof of address (copy of Driver’s license; household bill or other acceptable document)

PLEASE DO NOT SUBMIT YOUR APPLICATION UNTIL IT IS COMPLETE!

NYTS maintains a rolling admissions policy. Master’s program applications may be submitted at any time and will be reviewed as they are received. An interview with each candidate will be held after submission of materials. The Admissions Committee reserves the right to request a second interview if deemed necessary.

This application will give you an opportunity to think systematically about yourself. We want to know you as well as any application allows. It marks the beginning of a dialogue that will, if you are admitted and matriculate, continue during your studies here. We hope this process will be useful to you.

If you have any questions, please email the Registrar at lbumgardner@nyts.edu
APPLICATION FOR MASTER’S DEGREE PROGRAM

PLEASE PRINT OR TYPE

Date of Application: _____/_____/______

Program you are applying for: (Please check all that apply)

____Master of Divinity
____Master of Arts: In Religious Education ____ In Pastoral Care and Counseling ____
____Unclassified

Year of Entrance: _____________ Fall Semester: ____ Spring Semester: ____

Social Security #: _____-_____-________ Date of Birth: _____/______/_______ Gender: Male ____ Female ____

Applicant’s Name (as it should appear on all official records):
___________________________________________________________________________________________

Last Name                                                                First                                                      Middle

Address: ___________________________________________________________

County (See chart for code number) _____________________________

Tel: _____-______-_______    _____-______-_______    _____-_______-________

Home                                               Business                                                  Cell

E-Mail Address (Required): _____________________________________________

Ethnic Classification: _____ (To assist in completing Federal & State Reports; refer to Chart for Code Numbers)

Citizenship Status: U.S. Citizen: ____ Resident: ____ Alien: ____

Country of Birth: _________________________________


Spouse’s Name: ___________________________________________

Student’s Occupation:_________________________________________

Business Name: ___________________________________________

Address: _____________________________________________________________

ATTACH

COLOR

PASSPORT

SIZE

PHOTO
Name of Church You Attend: _____________________________________________________________

Name of Pastor or Ecclesiastical Supervisor: ____________________________________________

Church Address: _________________________________________________________________

Number & Street                                       City                                     State                   Zip

Church Phone Number: ______-_________-_________  Pastor’s Phone Number: ______-_________-_________

Denominational Affiliation (See Chart for Code Number): ________________________________

Ecclesiastical Status:  Ordained Clergy: ____ Licensed Clergy: ____ Ordained Laity: ____ Laity: ____ Other: ______

Please give the name and address of a NY area person NOT living with you who will always know where you are:

Name: ___________________________________________ Relationship: _________________________________

Address: ________________________________________________________________

Number & Street                        Apt #               City                                   State                     Zip

Telephone: _____-______-_______ E-Mail (Required): _________________________________________________

Previous Academic and Professional Training (beginning with the most recent)

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Are your transcripts an adequate portrait of your abilities and motivations?  Yes: ☐  No: ☐

If your answer is “no,” please explain on additional sheet.

If you wish to apply for Financial Aid, you must contact finaid@nyts.edu to request information.

For DEGREE programs only: It is required that the Test of English as a Foreign Language (TOEFL) be taken by students for whom English is a second language, unless specifically exempted by the Admissions Committee. A minimum score of 560 is expected. Information on this test may be obtained from the Educational Testing Service, Princeton, NJ 08541. Test results should be sent directly to the Seminary by ETS.

“I hereby certify that the information given by me on this application and all supplementary pages is complete and accurate.”

Applicant’s Signature: _______________________________ Date: _____________________

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ESSAY QUESTIONS
To Supplement the Program Admissions Application

Instructions for Prospective Students: Write an essay by answering all of the following questions. You must write one or two paragraphs based on each question. Include your essay with your application.

1. State the degree program for which you are applying, and provide a statement as to why you are specifically interested in this program.

2. Write a paragraph on what you think is your calling at this point in your life.

3. Describe your theological understanding, including the following:
   (a) The essential principles of your faith;
   (b) Changes, if any, in your theological understanding over the past five years; and
   (c) Ways scriptural study and reflection help to shape the development of your theology.

4. Describe the following, depending on the program for which you are applying:
   a. For M.Div. and M.A. Applicants only: Describe your professional goals and/or goals for ministry, including the following:
      (a) Your view of ministry in the kind of world in which we live; and
      (b) Its relationship to crucial social and/or intellectual issues today.
   b. For Religious Education Applicants only: Highlight your educational journey, your teaching experience and goals, and the factors that influenced you to pursue this course of study.
   c. For Pastoral Care and Counseling Applicants only: Describe your understanding of the value of pastoral care and counseling, and on how you perceive it can contribute to personal health and wholeness. Provide specific personal growth experiences in which you have been involved such as clinical pastoral education, encounter groups, group dynamics training, and counseling experiences. In addition, briefly discuss how you understand the relationship between theology, psychology, and culture, particularly how these three areas contribute to the wholeness of the human and its interactions with others.

5. Describe your personal goals and interests, taking into account the following:
   (a) Fields of knowledge which interests you most;
   (b) Chief interests and activities at the present time, other than those directly related to your profession;
   (c) Leisure time activity;
   (d) Any doctoral degrees you hope to pursue upon graduation and why.

6. Provide a brief summary of your faith journey.

7. Provide an evaluation of your own maturity in terms of interpersonal awareness and skill in dealing with difficult and conflicted relationships, both personal and professional.

8. State the reasons why you wish to pursue this master’s degree from New York Theological Seminary.
RECOMMENDATION FORM

Name of Applicant (Print) ______________________________________________________________
(Last)                                                       (First)                                              (Middle)

TO THE APPLICANT:

The Educational Rights and Privacy Act, as amended, allows a candidate for admission to waive his/her rights to
access to confidential letters or statements written on his/her behalf if the recommendation is used solely for
purposes of admission or financial aid, and if the candidate, upon request, is notified of the names of all persons
making such recommendation on her/his behalf. The Seminary does not require that you make such a waiver as a
condition for admission or financial aid. Under the legislation, you are free to choose to maintain your right to
access to this recommendation or waive that right. Please check and sign one of the following statements:

[    ] I WAIVE my right to examine this recommendation.
[    ] I DO NOT waive my right to examine this recommendation.

TO THE RECOMMENDER:

The person named above, who has applied to this Seminary, has indicated that she/he knows you well enough to
request a recommendation. The admissions committee would appreciate a statement from you concerning the
applicant’s character, personality, capacity for leadership, effectiveness in ministry, commitment to justice,
physical stamina, mental and emotional stability, sense of responsibility, intelligence, common sense, and
readiness for graduate level professional education. Please rate the applicant in comparison with others of similar
age and position whom you have known.

Please use the back of this form and/or other separate sheet and sign on the bottom of this page. The
recommendation is to be mailed to the applicant. Please seal and sign the back flap of the envelope. The letter
will be submitted unopened by the applicant with his/her application.

In the event that it is not possible to send your recommendation to the applicant, it is permissible to send the
sealed recommendation directly to the Seminary, Attention to the Registrar’s Office.

Name (Print) __________________________________________________________________

Title/Position: _________________________________________________________________

Organization: _________________________________________________________________

Address:  _____________________________________________________________________
Number & Street Apt # City State Zip

Signature: ____________________________________________________________________

Date:  _______/______/________
Month          Day         Year

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STUDENT IMMUNIZATION RECORD FORM

Name _______________________________________________________ Date of Birth: _____/______/________

Last                                                       First                                         Middle                                                           Month       Day               Year

New York State Public Health Law 2165 requires post-secondary students to prove immunization or protection against measles, mumps and rubella. Persons born PRIOR to January 1, 1957 are exempt from this requirement.

NOTE: MMR Vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella.

REQUIRED: Measles (Rubeola) Immunity – Must have ONE of the following:

A. TWO dates of Measles Immunization: (1) ________________ (2) ________________
   Both dates must be given after 1967 and the first immunization after the first birthday and the second on or after 15 months of age.

B. Date of Measles Titer ________________   Results ____________________________

C. Date of physician diagnosed measles disease ___________________________________
   Signature of diagnosing physician ___________________________________________

REQUIRED: Rubella (German Measles) Immunity – Must have ONE of the following:

A. Date of at least ONE Rubella Immunization: (1) _______________ (2) _______________
   (Must be on or after the first birthday)

B. Date of Rubella Titer __________________ Results_____________________________
   Physician diagnosis is not acceptable.

REQUIRED: Mumps Immunity – Must have ONE of following:

A. Date of at least ONE Mumps Immunization: (1) ________________ (2) ______________
   (Must be on or after the first birthday)

B. Date of Mumps Titer __________________ Results _____________________________

C. Date of physician diagnosed mumps disease ___________________________________
   Signature of diagnosing physician ___________________________________________

Health Practitioner (PRINT name) ______________________________

Health Practitioner (SIGN name)   ______________________________

Date: _____/______/________   Month      Day           Year

Doctor’s Seal or Stamp

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STUDENT VERIFICATION REGARDING HEALTH INSURANCE COVERAGE

As part of your enrollment and registration at New York Theological Seminary, we are required by state and federal law to confirm that you have health insurance coverage. Therefore, please complete this form and send it with the application package. Thank you for your prompt cooperation.

Name: ______________________________________________________________________________________

Last Name                                                                     First                                                    Middle

Address: ____________________________________________________________________________________

Number & Street                         Apt. #                          City                              State                      Zip

Tel: _____-______-_______    _____-______-_______    _____-_______-________

Home                                  Business                                      Cell

E-Mail Address (Required): _____________________________________________

_____ YES, I DO have current health insurance coverage from the following provider:

Name of Provider:  ___________________________________________    Phone #: _________________________

Address: ___________________________________________________

Number & Street                        City                                   State            Zip

Period of Coverage: from: ___________________ to: __________________

Policy #:           ___________________________________________________

_____ NO, I DO NOT have current health insurance coverage. I understand that I am required to have such coverage while enrolled at New York Theological Seminary. Therefore, I have applied for coverage from (please check one), and will notify NYTS as soon as I obtain coverage.

________ New York State Family Health Plan (www.health.state.ny.us)

________ Voluntary International Student Scholar Medical Insurance (www.studentresources.com)

________ Other (please specify below)

Name: ________________________________________________     Phone #: _______________________

Address ________________________________________________________

Number & Street                         City                                   State                 Zip

“I certify that the information I have provided above is accurate, and understand that my enrollment at New York Theological Seminary may be jeopardized by inaccurate or misleading information.”

Student’s Signature: _______________________________________ Date ______________

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475 Riverside Drive, Suite 500 New York, NY 10115  Tel: 212-870-1211 Fax: 212-870-1236  www.nyts.edu
MENINGOCOCCAL MENINGITIS
VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Registrar's Office, New York Theological Seminary.

Please read the following statements, check one box and sign below:

☐ I have received the meningococcal meningitis immunization (Menomune™) within the past 10 years.
   Date received: ________________

☐ I read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days from my private health care provider.

☐ I read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will NOT obtain immunization against meningococcal meningitis disease.

PRINT Student's Name ______________________________________
Date of Birth _______________________
E-mail address ___________________________________ Student ID# ____________________
Mailing address
   Number & Street   Apt #   City   State   Zip
Phone number (______) - _______ - ________
Student Signature ___________________________________ Date ____________________

Adapted from NYS DOH form 8.4.03
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<th>COUNTY CODE NUMBERS (New York State Residents Only)</th>
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<tbody>
<tr>
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<td>001 Albany 068 Yates</td>
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<td>20 Seventh-Day Adventist</td>
<td>002 Allegany 069 NYS Residents</td>
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<td>170 Canadian Convention of Southern Baptists</td>
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<td>025 Madison</td>
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<td>026 Monroe</td>
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<td>027 Montgomery</td>
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