

3401 Brook Road, Richmond, Virginia 23227 Telephone: 804.278.4339 | Fax: 800.665.8679 | Email: admissions@upsem.edu

APPLICATION FOR ADMISSION MASTER OF THEOLOGY

Application Deadlines	(Please print or type)				
January 1 - International	PERSONAL INFORM	ATION			
Students March 1 - Domestic Students	Name	First			
			Middle	(Name wish to be called)	
	Name on previous transcript(s) (if	different from abo	ve)		
For matriculation in the	Present mailing address				
academic year beginning	City / State / Zip or Postal Code / Country				
September, 20	E-mail		Mobile p	hone ()	
	Home phone ()		Work phone ()	
AREAS OF INTEREST (Check those that apply)	Permanent mailing address (if diffe				
☐ Biblical Studies	City / State / Zip or Postal Code / C	ountry			
☐ Christian Education	Current occupation				
☐ Ethics	Social Security Number, if any				
☐ Evangelism					
☐ History	Citizenship		Visa Type		
☐ Preaching and Worship	Alternate contact person (who migh	it be able to locate	you if the need arises)		
☐ Pastoral Care					
☐ Theology	Relationship		Phone _()		
	Denomination (full name)				
RECORD OF PREV	IOUS ACADEMIC TRA	AINING			
	graduate institutions you have attend o the Office of Admissions at Union P			o request that these institutions	
Undergraduate:					
Name of institution			Location		
Major field(s) of study	Attended from _	То	Degree Received _	Year	
Name of institution			Location		
Major field(s) of study	Attended from	То	Degree Received	Year	

Name of institution		Location				
Major field(s) of study	Attended from	То	Degree Received	Year		
Graduate:						
Name of institution			Location			
Major field(s) of study	Attended from	То	Degree Received	Year		
Name of institution			Location			
Major field(s) of study	Attended from	То	Degree Received	Year		
Name of institution			Location			
Major field(s) of study	Attended from	То	Degree Received	Year		
What academic honors or other awards ha	ave you received?					
a. Applicant's first or native language, International students who do not the internet-based Test of English a study in an institution where English TOEFL iBT test date	if other than English speak, write, and read English as is a Foreign Language (TOEFL i h is the primary language of stud	their first lan 3T). Those wh	guage are required to submit sco to have completed four years of ba	res from the four tests of achelor's or higher level		
b. Other contemporary languages (in speaking)	dicate for each the number of ac			quired in reading and		
c. Classical, including biblical, langu	ages (indicate for each the num	ber of acade	mic courses taken or years of stu	dy, and level of reading		
PUBLICATIONS Please list any published articles and book						

ESSAYS

Autobiographical Statement: This one or two page autobiographical statement will introduce you to the faculty and will help them evaluate your potential for success in the Th.M. program. The statement should address the following:

- Significant life experiences that have affected your view of self, God, and the world
- Aspects of your educational background that inform your understanding of the importance of a life of learning for the church, the academy, and the world
- Your reasons for applying to Union Presbyterian Seminary
- · Your sense of your vocational goals following completion of the Th.M. degree

Plan of Study: In a three to four page statement describe the proposed topic of your research and how it may be pursued in one or more areas of study at Union Presbyterian Seminary, specifically Bible, Theology and Ethics, History, Christian Education and/or Practical Theology.

Sample of Academic Writing: Submit with this application a six to eight page sample of recent academic writing, such as an essay, an excerpt from a larger paper, or a paper written for a class assignment, that provides evidence of writing skills, the ability to engage texts and theological issues, and the ability to form a coherent argument or thesis.

REFERENCES

List the names, with titles, of three persons you have asked to provide academic references.

1. Name	Title
Address	
City/State/Zip or Postal Code/ Country	
Phone_()	E-mail
2. Name	Title
Address	
City/State/Zip or Postal Code/ Country	
Phone_()	E-mail
Relation to you	
3. Name	Title
Address	
City/State/Zip or Postal Code/ Country	
Phone_()	E-mail
to the references named. I authorize Union Presb to allow full consideration of my application. [
Have you communicated with any faculty, staff, a	lumni/ae, or students of UPSem? If so, with whom and when?

Please note: A non-refunda	ble fee may be required bas	ed on the following st	ıbmission sched	ule.	
	1, 2018 No fee				\$75
If you are apply	ring after February 1, 2018,	the fee must be subm	itted with this fo	rm.	
The application will not be tions have been received. Pl			ranscripts, refere	ences, background o	check, and/or pertinent examina-
Return this form to:	Director of Admissions Union Presbyterian Semi 3401 Brook Road Richmond, VA 23227	inary			
I have carefully reviewed an knowledge.	d completed each section o	f this application and	certify that the i	nformation provide	ed is correct to the best of my
Signature of applicant				Date	

Union Presbyterian Seminary does not discriminate among applicants to, or participants in, its degree programs on the basis of gender, sexual orientation, race, ethnicity, national origin, or physical disability.