



Admissions Office
3401 Brook Road
Richmond VA 23227
admissions@upsem.edu | 804.278.4339

**Before beginning this application, please save it to your hard drive using the following naming convention:
LastNameFirstName-BTSR**

APPLICATION FOR ADMISSION MASTER OF DIVINITY

Year for which I seek admission _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Preferred Name _____ Name on previous transcripts _____
(if different from above)

Current Street Address _____

City _____ State _____ Zip _____ Country _____

Email _____ Phone _____

Permanent Street Address *(if different from above)* _____

City _____ State _____ Zip _____ Country _____

Current Occupation _____ Social Security Number, if any _____

Citizenship: U.S. Other (indicate country) _____

- If you are not a U.S. citizen, are you a lawful permanent Resident (Green Card Holder)? Yes No
- Indicate residency status or Visa type _____

Primary Language *(if other than English)* _____ TOEFL iBT test date ____/____/____

Religious Tradition *(full name)* _____

RECORD OF PREVIOUS ACADEMIC STUDIES

List **all** colleges, universities, and graduate institutions you have attended, attaching an addendum if necessary. It is the responsibility of the applicant to request that these institutions send official transcripts directly to the Office of Admissions at Union Presbyterian Seminary.

Undergraduate

Name of Institution	Location	Major Field of Study	Attended From	Attended To	Degree	Year

Applicant's Last Name _____ First Name _____

Graduate

Name of Institution	Location	Major Field of Study	Attended From	Attended To	Degree	Year

Is your academic record a fair indication of your ability? If not, please explain. (200 word maximum)

REFLECTION

In 500-800 words, describe your reasons for pursuing theological education, your perception of your gifts for service to the church and the world, and areas in which you hope to grow.

REFERENCES

Only one reference is needed if a BTSR faculty member is used. If a BTSR faculty member is not used, two references are needed.

Please forward the evaluation form found on the website to your three references to complete. Your references may return the form directly to us via email to admissions@upsem.edu or by mail to Office of Admissions, 3401 Brook Road, Richmond VA 23227.

Reference 1:

Name _____ Position _____

Mailing Address (Street or PO Box) _____

City _____ ST _____ Zip _____

Phone _____ Email _____

Applicant's Last Name _____ First Name _____

Reference 2:

Name _____ Position _____

Mailing Address (Street or PO Box) _____

City _____ ST _____ Zip _____

Phone _____ Email _____

I understand that in considering my application, Union Presbyterian Seminary may find it helpful to contact sources of information in addition to the references named. I authorize Union Presbyterian Seminary to contact those sources, and I authorize those sources to provide information to allow full consideration of my application. Yes No

Have you communicated with any faculty, staff, alumni/ae, or students of UPSem? If so, with whom and when?

Please note: A non-refundable fee may be required based on the following submission schedule.

January 1 No fee

February 1 \$45

March 1 \$75

If you are applying after March 1, the fee must be submitted with this form.

The application will not be considered complete until supporting academic transcripts, references, and background check. Additional information regarding other requirements may be found at <https://www.upsem.edu/admissions-aid/apply-now/>. **Please keep copies of materials you mail.**

Return this form to: **Director of Admissions
Union Presbyterian Seminary
3401 Brook Road
Richmond, VA 23227**

I, _____, have carefully reviewed and completed each section of this application and certify that the information provided is correct to the best of my knowledge. 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.