



Concordia Theological Seminary

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MASTER OF SACRED THEOLOGY (S.T.M.) APPLICATION

PERSONAL INFORMATION

Name _____ **Social Security #** _____ - _____ - _____
First (full) Middle (full) Last

Address _____
Street and No., Box, Route City State Zip Code

Date of Birth ____/____/____ **Birth Place** _____
Month/ Day / Year City State Country

Citizenship (nation) _____ **Race** _____

Marital Status: Single Married Divorced Divorced-remarried Widow/er

Number of dependent children _____

Telephone # (____) _____ - _____ **Work phone #** (____) _____ - _____

Email address _____

Denominational Affiliation _____

District, if LCMS _____

Congregation _____
Name City

EDUCATIONAL INFORMATION

Please list all schools attended since high school, beginning with the most recent.

<u>Institution</u>	<u>City, State</u>	<u>Degree</u>	<u>Major</u>	<u>Dates Attended</u>

It is the policy of the Master of Sacred Theology Program at Concordia Theological Seminary not to exclude, expel or otherwise discriminate against an individual seeking admission as a student in the terms of conditions and privileges of Concordia Theological Seminary because of race, color, sex or national origin.

For the complete text of the Non-Discrimination Policy Statement, see the current catalog (www.ctsfw.edu/AcademicCatalog).

I understand that in reviewing my application, Concordia Theological Seminary (CTS) will receive from other individuals and organizations information and materials relating to my personal, academic and professional background. I agree that this application and all of its enclosures are the property of CTS, and I waive the right to inspect this material if I am denied admission to the program. If I am granted admission to the program, the Family Education Rights and Privacy Act (FERPA) will govern my rights of inspection.

I also authorize the Registrar's Office of CTS to release, as it deems appropriate, my quarterly grade reports and/or cumulative G.P.A. during the time I am a student at CTS to agencies, institutions or others involved in providing funds for my education. I agree to abide by the policies, rules and regulations of CTS.

I certify that all information on this application and other materials provided for admission are accurate, complete and true. I understand that withholding information or giving false information on this application or other materials provided for admission will make me ineligible for admission to CTS and/or result in termination of enrollment at CTS.

Signature _____

Date _____

Printed Name _____