

Minnesota Graduate School of Theology

Mailing Address
 Post Office Box 29365
 Brooklyn Center, MN 55429

APPLICATION FOR ADMISSION

Office
 Boulevard Plaza Office Condos
 7054 Brooklyn Boulevard
 Brooklyn Center, MN 55429
 (763) 560-9610

(PLEASE ENCLOSE A RECENT PHOTO OF YOURSELF)

PERSONAL DATA							
Name (Last / First / Middle)					Date		
Address					Social Security Number		
City			State		Zip		
Date of Birth		Age	Sex	Marital Status		Number of Dependents	
If we had to contact you by telephone, what is the best time, and at what numbers?							
(Business) ()					(Home) ()		
Present Employer				Position			
City			State		Zip		
What specific Degree Program are you applying for?				MAJOR FIELD			
Degree				<input type="checkbox"/> Bible Study Certificate	<input type="checkbox"/> Associate Degree		
				<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral <input type="checkbox"/> Ph.D Program	

FORMAL EDUCATION (Information must be complete with exact dates given on each entry)						
Please attach copies of transcripts or have them forwarded to the University as soon as possible. Photo copies are acceptable for evaluation.						
High School		City			State	Graduation Date
College / University Name City and State		Attendance From To	Major	Degree or No. of Credits	Other Awards	Number of Months Attended
Technical / Trade and Vocational Schools						
Extension / Home Study Courses Correspondence Schools						

IMPORTANT LIFE EXPERIENCES

JOB RELATED ACHIEVEMENTS AND RELATED SKILLS

FORMAL EDUCATION (Continued)						
Other Academic or Specialized Education	Attendance		Major	Degree or No. of Credits	Other Awards	Number of Months Attended
	From	To				

OTHER FORMAL OR INFORMAL EDUCATION AND ACCOMPLISHMENTS					
On The Job Training, Seminars, etc.	Date Conducted		Total Hours	What was the Purpose of the Program?	Awards
	Month	Year			

Describe non-job-related Learning Experiences that you feel justify College Credit

Unusual Life Experiences

Describe any languages you speak, read, or write (other than English) and to what degree

Books or Articles or Patents Published

LIFE'S EXPERIENCES DATA SHEET

ACHIEVEMENTS OUTSIDE OF JOB RELATED SKILLS

Membership in Professional or Trade Associations			
Name of Organization	Years Active	Offices Held	Activity

Leadership Role or Offices Held in any Civic, Fraternal, Religious or Political Organization			
Name of Organization	Years Active	Offices Held	Activity

Awards, Citations or Other Recognition of Achievements			
Name of Organization	Type of Award	Year	Achievement

Experience as a Speaker, Instructor or Teacher		
What Occasion?	Date	Describe Your Participation

List Trade or Professional Publications which you read regularly	
1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

Professional Licenses or Certificates Held	
1. _____	2. _____
3. _____	4. _____

Military Service

EMPLOYMENT HISTORY

Start with first job and progress in order to the last job. Attach separate sheet if necessary. Describe duties, responsibilities, number of employees you have supervised, etc. Life Learning Experience Evaluation requires in depth detail descriptions of what you know, and the skills you have demonstrated in the performance of your occupation. Any 5 year period for which credit is required should be amplified on in detail on a separate sheet of paper.

From	Employer Name	Job Title	
To	Function & Responsibilities		
From	Employer Name	Job Title	
To	Function & Responsibilities		
From	Employer Name	Job Title	
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To	Function & Responsibilities		
From	Employer Name	Job Title	
To	Function & Responsibilities		
From	Employer Name	Job Title	
To	Function & Responsibilities		

I hereby make application for admission to Minnesota Graduate School of Theology. The academic and financial requirements have been fully explained to my complete satisfaction. I understand that all fees and tuition must be paid in full prior to graduation. I also understand that the Minnesota Graduate School of Theology is a private seminary and college and that as a student at Minnesota Graduate School of Theology, the hours that I academically earn may or may not transfer to the college of my choice.

TRUTH STATEMENT

I hereby certify and affirm that all information and documentation is true and correct. I do acknowledge that deliberate falsification or misrepresentation of information or documentation will be sufficient grounds to nullify and void any credit/degrees awarded or granted by this institution.

Applicant's Signature

Date

Accepted

Date

**** PLEASE REMEMBER TO SEND THE \$25 APPLICATION FEE WITH THIS APPLICATION ****