

# Application for Admission for Doctoral Studies

Reformation International Theological Seminary

- Mr.  
 Miss  
 Mrs.

Other Titles

- Rev.  
 Dr.  
 Other

\_\_\_\_\_ (last) (first) (middle)

Mailing Address: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Zip \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail address: \_\_\_\_\_@\_\_\_\_\_

Of what country are you a citizen? \_\_\_\_\_ Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Single  Married  Separated  Divorced  Remarried

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

## EDUCATIONAL GOALS:

Program of Interest:  D.Min.  Ph.D.  Th.D.  Th.M.  M.A.C.S. (via thesis)

Proposed Dissertation Topic: \_\_\_\_\_

## ECCLESIASTICAL INFORMATION

Name of Church: \_\_\_\_\_ Denominational Affiliation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Post Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you a member?  Yes  No How often do you attend? \_\_\_\_\_ Years attended \_\_\_\_\_

Ordained/Licensed?  Yes  No If yes, in what capacity and when? \_\_\_\_\_ Still current? \_\_\_\_\_

Have you ever been under church/ecclesiastical discipline?  Yes  No If yes, explain (on separate paper).

## MENTOR INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Post Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PERSONAL REFERENCES** (not from family members)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Zip \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Zip \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Send the following information to Reformation International Theological Seminary** (see address below).

1.  This application appropriately completed.
2.  Transcripts of college/seminary level work completed.
3.  A written (a) statement of faith, (b) statement giving reasons for pursuing a program of theological study.
4.  Letters from the two personal references listed above, stating their knowledge of you and recommendation to Reformation International Theological Seminary.
5.  A letter of recommendation from your church session, consistory, board of elders, or pastor.
6.  Mentor biography and signed Mentor Agreement Form.
7.  A U.S. dollar check (from a U.S. bank) or money order to include application fee of \$100.00 (non-refundable).
8.  Basic outline or short description of thesis/dissertation topic.

**Please read and sign the following:**

I certify that:

1. All of the information I have provided to Reformation International Theological Seminary is accurate and truthful,
2. I have read the Reformation International Theological Seminary catalog and understand the regulations governing Reformation International Theological Seminary,
3. I am in agreement with the policies and standards of Reformation International Theological Seminary and am willing to uphold them and live by them if I am accepted as a student at Reformation International Theological Seminary, and
4. I acknowledge that no other representations have been made to me in writing, electronically, or orally other than what is stated in the Reformation International Theological Seminary catalog.
5. I will do all my own work and will not share my work with other students.
6. I will not make copies of any recorded or written materials supplied by Reformation International Theological Seminary without written approval from Reformation International Theological Seminary Administration.
7. I understand that if it is ever discovered that I have violated this agreement, I may be expelled from Reformation International Theological Seminary, all courses given may be counted as failures, any degrees that have been granted by the seminary may be revoked, and there will be no refunds of any monies paid or owed to the seminary. There is no time limit to these penalties.

Having fully understood this and freely agreed to it, I have placed my signature and the date below.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please send this information to:**  
Reformation International Theological Seminary  
Attn: Registrar  
13950 – 122<sup>nd</sup> St.  
Fellsmere, FL 32948-6411 U.S.A.  
Telephone: (772) 571-8833  
Facsimile: (772) 571-8010  
E-mail: registrar@reformation.edu