

# APPLICATION FOR ADMISSION

RTS Atlanta  
Admissions Office  
1580 Terrell Mill Road SE  
Marietta, GA 30067-6048  
website at: <http://www.rts.edu>

Name: \_\_\_\_\_  
First Middle Initial (if applicable) Last

Maiden Name (optional): \_\_\_\_\_ Name you prefer: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number & Street City State Zip Country

Permanent Address: \_\_\_\_\_  
Number & Street City State Zip Country

Phone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race (optional): \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Sex: ☐ Male ☐ Female Marital Status: ☐ Not Married ☐ Married-Spouse's Name \_\_\_\_\_

Name(s) & Age(s) of Children: \_\_\_\_\_

## Present Employment

Company Name \_\_\_\_\_

Position/Occupation \_\_\_\_\_ Duration in current job \_\_\_\_\_

Are you a veteran? ☐ No ☐ Yes – Please state military service, dates, ranks: \_\_\_\_\_

## Church Membership

Name of Church: \_\_\_\_\_

Presbytery/Associations (optional) \_\_\_\_\_ Specific Denomination: \_\_\_\_\_

Ministerial Status (if applicable) ☐ Under Care ☐ Licensed ☐ Ordained

Name of body granting this status: \_\_\_\_\_

## Educational Background

(Applicant is responsible for making sure official transcripts are sent directly from the institution to the RTS Admissions Office.)

College: \_\_\_\_\_ From/To: \_\_\_\_\_ Degree: \_\_\_\_\_

Seminary: \_\_\_\_\_ From/To: \_\_\_\_\_ Degree: \_\_\_\_\_

Grad School: \_\_\_\_\_ From/To: \_\_\_\_\_ Degree: \_\_\_\_\_



## RTS/ APPLICATION FOR ADMISSION

Have you previously applied to RTS? ☐ No ☐ Yes

If yes, give dates and campus: \_\_\_\_\_

Have you previously been enrolled at RTS? ☐ No ☐ Yes

If yes, give dates and campus: \_\_\_\_\_

Are you applying to another seminary, graduate school or RTS campus? ☐ No ☐ Yes

If yes, which one(s)? \_\_\_\_\_

Have you ever been divorced? ☐ No ☐ Yes

If yes, please explain. \_\_\_\_\_

Have you ever been refused admittance or re-admittance by school? ☐ No ☐ Yes

If yes, please explain. \_\_\_\_\_

Do you have any communicable diseases? ☐ No ☐ Yes

If yes, please explain. \_\_\_\_\_

Do you have any health condition that would limit your ability to pursue full-time graduate study? ☐ No ☐ Yes

If yes, please explain. \_\_\_\_\_

Have you suffered from any nervous or mental disorder? ☐ No ☐ Yes

If yes, please explain. \_\_\_\_\_

Have you ever had extreme financial difficulties or been insolvent or bankrupt? ☐ No ☐ Yes

If yes, please explain. \_\_\_\_\_

Have you ever been convicted of a crime or pled guilty to a violation of any federal, state, county, military, or municipal laws?

☐ No ☐ Yes (Note: In most jurisdictions, "Driving While Intoxicated" (DWI) and "Driving Under the Influence" (DUI) are criminal offenses.)

If yes, please list the date and place of the offense, the charge and the deposition. \_\_\_\_\_

Are there any situations in your life that might make the candidacy for your degree program questionable? ☐ No ☐ Yes

If yes, please explain. \_\_\_\_\_



## RTS/ APPLICATION FOR ADMISSION

Expected on-campus enrollment date: \_\_\_\_\_  
(semester/year)

### **Emergency Contact Information** In case of emergency please contact:

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

Day Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

### **When you return this form, please also enclose the following items.**

1. Non-refundable application fee: \$40

☐ By check make payable to RTS

☐ If you would like to make payment by credit card, please contact the admissions office.

2. *Personal and Professional Profile:*

Type your responses to item numbers 1 and 2 on separate pages.

Sign and date the bottom of the "Personal and Professional Profile" form, and attach it to your typed responses when submitting your application.

3. Transcript(s): An official transcript must be mailed directly to the admissions office from the institution where you earned your final undergraduate degree and your final graduate (i.e. – M.Div.) degree.
4. Pastoral Reference: Distribute the following form to the appropriate reference, instructing that person to return the reference directly to RTS. Please list the name and phone number of the reference below. You may also provide an email address for the reference and we may send an email to your reference asking him to complete the reference online.

### **Pastoral Reference:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

*Reformed Theological Seminary maintains a racially non-discriminatory admissions policy.*



# Personal And Professional Profile

Applicant's name (please print): \_\_\_\_\_

**BEFORE RESPONDING TO THE OTHER APPLICATION MATERIALS, please note the following special instructions:**

- Your **Pastoral Reference** must be a ministry supervisor. This may be a lay leader in your present ministry such as a clerk of session.

**Applicants to the Doctor of Ministry program:**

1. Briefly describe your conversion and your call to Christian service.  
(approximately one page typed)
2. Briefly state your theological beliefs.  
(approximately one page typed)

*By my signature below, I certify that the information I am providing is true and correct. I understand that my giving false or misleading information is grounds for denial of admission, or dismissal from the program after admission.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



# PASTORAL REFERENCE

► **PASTOR:** Please return this form directly to the RTS address listed below. Do not return this form to the applicant.

Reformed Theological Seminary Atlanta  
Admissions Office  
1580 Terrell Mill Road SE  
Marietta, GA 30067-6048

**INSTRUCTIONS TO THE APPLICANT:** Please complete the top section of this form before distributing the form.

Name of applicant (please print): \_\_\_\_\_

has applied for the admission to the \_\_\_\_\_

This statement of evaluation will be maintained in confidence by the Reformed Theological Seminary for admission consideration. Under the federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including recommendation. You have the option to waive your right to access these records.

☐ I waive my right to review this reference. ☐ I do not waive my right to review this reference.

You have the option of granting permission for a representative of RTS to contact the reference directly concerning this recommendation.

☐ I grant permission for contact. ☐ I do not grant permission for contact.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**INSTRUCTIONS TO THE REFERENCE:** Please fill in the requested information as you feel qualified. Mail the completed form to the address above. Thank you for your part in this important phase of the applicant's life.

How long have you known the applicant? \_\_\_\_\_ In what capacity and how well have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are the applicant's strengths and personal abilities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List areas in which you feel the applicant may need help as a student. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your observation of the applicant's commitment to Christ and to Christian living? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your observation of the nature and focus of the applicant's call to Christian service? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



(Continued on next page)

## RTS/PASTORAL REFERENCE FORMS

Below are several characteristics that could affect the applicant's success in post-graduate studies and his or her subsequent career. Please evaluate the applicant, indicating your degree of support in each area by checking the box to the right of each characteristic listed.

	Not Observed	Weak (Lower 25%)	Fair (Middle 50%)	Good (Top 25%)	Excellent (Top 10%)	Outstanding (Top 2%)
Commitment to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What degree of success in graduate school would you predict for the applicant?

☐ Below average    ☐ Average    ☐ Above average    ☐ Superior

Please list any reasons why the applicant would be hindered in pursuing a theological degree? \_\_\_\_\_

Please offer additional comments on the applicant's abilities for post-graduate studies. \_\_\_\_\_

Overall, I recommend this applicant to Reformed Theological Seminary:

☐ With highest endorsement.    ☐ With above average endorsement.    ☐ With an average endorsement.

☐ With the following reservation: \_\_\_\_\_

☐ I do not recommend this applicant for admission at this time.

Your name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone \_\_\_\_\_

Signature of reference \_\_\_\_\_

► Please mail completed form to the address on the first page.

