Graduate Department of Religious Studies
Master of Arts in Applied Pastoral Theology (MAAPT)
Master of Divinity (M.Div.)
Certificate in Pastoral Care
Certificate in Theological Studies

APPLICATION INSTRUCTIONS

REQUIRED MATERIALS

- Marylhurst University Application to the Graduate Department of Religious Studies
- Non-refundable $50 application fee
- Official sealed transcripts from all colleges and universities attended
- Résumé
- Brief autobiography
- Personal Statement
- Three sealed Letters of Recommendation
- Miller Analogies Test results

For detailed information on required materials, please see Application Element Instructions section.

Send all materials to: Marylhurst University
Office of Admissions – Graduate Admissions
17600 Pacific Highway (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261
Fax: 503.699.6320

Direct questions to: 503.699.6268 or 800.634.9982 ext. 6268
admissions@marylhurst.edu

APPLICATION DEADLINES AND POLICIES

MAAPT applications for fall quarter should be completed by September 10, as the MAAPT program is designed for cohort groups. However, to accommodate working adults and a fluid society, applications are accepted in other terms.

Master of Divinity applications are accepted for every term. Terms begin late September, early January, late March, and late June.

Applications should be completed at least 6 weeks prior to the beginning of the quarter in order to be considered for enrollment that term. The Office of Admissions will forward your application to the Department for review only after all required application materials are received. Final candidates will be invited for a personal interview with members of the graduate faculty. If you are accepted into the program, the Office of Admissions will send you a letter of acceptance.

INTERNATIONAL APPLICANTS

Marylhurst University welcomes international applicants with appropriate academic background. There are also additional requirements specific to international applicants; for more information, please refer to the Admission of International Graduate Students, Proof of English Proficiency and Applicants with Foreign Transcripts sections of the Graduate Admissions catalog. Questions about the requirements and process of admissions for international applicants can be directed to the International Admissions Counselor, Brenda Jones at 503.699.6268 or at bjoness@marylhurst.edu.
FINANCIAL AID
Financial aid is available for those who qualify. Financial aid applications are accepted year-round, but should be submitted at least 2 months before the first term begins. Applying earlier is recommended. Contact the Marylhurst Office of Financial Aid for more information at 503.699.6253 or email finaid@marylhurst.edu. Financial aid is not available for international students.

EQUAL OPPORTUNITY
Marylhurst University is committed to equal opportunity and equal treatment for all qualified individuals. The university will not discriminate against any person because of age, gender, color, race, national origin, religion, marital status, disability, veteran status, sexual orientation, or any other class protected by law.

APPLICATION ELEMENT INSTRUCTIONS

PERSONAL STATEMENT
The Personal Statement should be 2-3 pages, typed, in 12-point font, double-spaced. In this statement please address the following questions:

a) Why would you like to pursue a Master of Arts in Applied Pastoral Theology (MAAPT) and/or Master of Divinity (M.Div.) at Marylhurst?
b) What value will it have in your call to be a professional care provider?
c) How will you balance personal, professional, spiritual and academic commitments during your graduate studies program?

RECOMMENDATIONS
Three letters of recommendation are required. This application packet includes forms to be used by the persons writing recommendation. The recommender should seal the completed form in an envelope, sign across the seal, and mail it directly to the Office of Admissions. Recommendations may be from academic, personal, or professional sources and should address the personal, professional, and intellectual abilities of the applicant. Recommendations should also describe unique strengths the applicant will bring to the program.

MILLER ANALOGIES TEST (MAT)
The MAT is required for all graduate Religious Studies programs. You must request that scores be sent directly to the Office of Admissions at Marylhurst University. Please plan to take the test early, as it can take a few weeks for the results to reach us. For general information, additional test locations, and test preparation guides, visit http://www.Miller Analogies.com.

BRIEF AUTOBIOGRAPHY
The autobiography should be 2-3 pages long, in 12-point font, double-spaced, and typed. It is also an opportunity to provide additional information about your background, interests, and aspirations.
Graduate Department of Religious Studies
Application for Admission

Please include the $50 application fee by ☐ check/money order (enclosed) ☐ major credit card (below)
Credit Card #: ___________________________  Expiration ______  Name ___________________________

BIOGRAPHICAL INFORMATION (please print or type)

1. Legal Name: ______________________________________________________________________________________________
   Last  First               Middle          Maiden Name

2. Preferred Name: ___________________________________________________________________________________________

3. Please list all other names that may appear on transcripts: __________________________________________________________

4. Address: ________________________________________________________________________________________________
   Phone: ______________________ ☐ Home ☐ Work ☐ Cell  Phone: ______________________ ☐ Home ☐ Work ☐ Cell
   Email __________________________________________ Country: ________________________________

5. SSN: ___________________________ (Required for federal reporting)  Date of Birth: _______________  Sex: ☐ Female  ☐ Male

6. Employer: ________________________________________________________________________________________________
   Type of Business: ________________________________

7. Have you previously attended Marylhurst? ☐ No ☐ Yes  Under what name? ________________________________

8. Have you previously applied to a Marylhurst graduate program? ☐ No ☐ Yes  Under what name? ________________________________

9. Residence Status (choose one)
   ☐ US Citizen
   ☐ Non-US Citizen
   Country of Citizenship________________________________________
   ☐ US Permanent Resident

10. Race/Ethnicity Information
    (Complete for maximum scholarship consideration.)
    Are you Hispanic/Latino? ☐ Yes ☐ No
    Race (select one or more):
    ☐ White
    ☐ Black/African-American
    ☐ Asian
    ☐ American Indian or Alaska Native
    ☐ Native Hawaiian or Other Pacific Islander

11. Is English your first language? ☐ Yes ☐ No

12. Military Service
    A. Are you a Veteran? ☐ Yes ☐ No
    B. Are you a dependent of a Veteran? ☐ Yes ☐ No

EDUCATIONAL PLANS

Program you are applying to:
Department of Graduate Religious Studies
☐ Master of Arts in Applied Pastoral Theology (MAAPT)
☐ Master of Divinity (M.Div.)
☐ Certificate in Pastoral Care (graduate)
☐ Certificate in Theological Studies (graduate)

13. I plan to start classes in:
    ☐ Fall
    ☐ Winter
    ☐ Spring
    ☐ Summer

14. I plan to attend:
    ☐ Full Time (9 or more credits per term)
    ☐ Part Time (5-8 credits per term)

6/2013
Graduate Department of Religious Studies
Application for Admission

NAMES OF PERSONS WRITING RECOMMENDATIONS
Please use the provided forms and follow all instructions.

Name:_______________________________________  Title/Occupation: ____________________________
Name:_______________________________________  Title/Occupation: ____________________________
Name:_______________________________________  Title/Occupation: ____________________________

ACADEMIC BACKGROUND
Please list below where you earned your bachelor’s degree and any graduate institutions you have attended, beginning with the most recent. Use additional sheets if necessary. Please arrange for official transcripts to be sent from each school to the Office of Admissions.

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<thead>
<tr>
<th>College/University Attended</th>
<th>Dates Attended</th>
<th>City/State</th>
<th>Degree &amp; Year</th>
<th>Number of Credits</th>
<th>GPA</th>
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SIGNATURE OF APPLICANT
I certify that, to the best of my knowledge, all information contained within this application is true and complete. I understand that misrepresentation in any statement may be considered sufficient reason for refusal of admission or disqualification.

Signature __________________________________________________ Date __________________________
Confidential Recommendation Form
Graduate Department of Religious Studies

TO THE APPLICANT

- Please fill in your name and term for which you are applying
- To waive or release your right to read the recommendation after it has been received by the university, sign the line (c) below. If you wish to have access to the recommendation, leave the signature line (c) blank.
- Fill in the name of the person making reference on line (d) below. This should be sent to the Office of Admissions directly by the person making the reference.

CONFIDENTIAL STATEMENT CONCERNING

(a) ____________________________________________________________________________
Applicant: First Name ___________ Middle Name ___________ Last Name ___________

(b-1) Master of Arts in Applied Pastoral Theology (A master’s degree in Interfaith Pastoral and Spiritual Care)
Anticipated term of entrance into the program: Term ___________ Year ________

(b-2) Master of Divinity (A comprehensive professional master’s degree)
Anticipated term of entrance into the program: Term ___________ Year ________

(b-3) Certificate in Pastoral Care
Anticipated term of entrance into the program: Term ___________ Year ________

(b-4) Certificate in Theological Studies
Anticipated term of entrance into the program: Term ___________ Year ________

I understand that this recommendation will be used only for admission and financial aid decisions, and I hereby waive my right to access to the recommendations. By leaving this line UNSIGNED, I retain my right to read this reference.

(c) ____________________________________________________________________________
Applicant Signature __________________________ Date ___________ Social Security Number ___________

THIS SECTION TO BE FILLED IN BY THE APPLICANT AND GIVEN TO THE PERSON MAKING REFERENCE.
Please print or type.

(d) ____________________________________________________________________________
Name of Person Making Reference __________________________ Complete Mailing Address __________________________

Position or Title __________________________ City __________________________

Organization __________________________ State Zip Code ___________ Telephone with Area Code __________________________

TO THE WRITER OF THIS REFERENCE
We would appreciate a statement from you about the applicant named above. If you would prefer to write a separate letter, please attach it to this form; complete items on the reverse, and sign the form at the bottom. If you do not know the student well enough to give a recommendation, please check here. ________

If this waiver is signed by the applicant, the student MAY NOT read this recommendation and it will be retained in confidence by the University.
ACADEMIC READINESS
What is your estimate of the applicant’s promise as a graduate student? Please comment on the applicant’s –
• Academic strengths and weaknesses and potential for independent study and research;
• Accomplishments and motivation, intellectual independence, and ability to organize and express ideas clearly in writing and in oral communication; and
• Ability and aptitude for working with others in a group or team arrangement.
In your opinion, are there factors that may not be reflected in the applicant’s scholastic or employment record, including aspects of character and personality that bear on the applicant’s ability to succeed in graduate studies and subsequent career or profession?

PROFESSIONAL COMPETENCIES
How long have you known the applicant? __________________ In what capacity?______________________
What is your estimate of the applicant’s professional effectiveness? (If this reference is being completed by an employer or other professional colleague, describe the nature of the applicant’s position.)

PERSONAL READINESS
Rate the applicant on the qualities listed below:

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RECOMMENDATION SUMMARY for: _____________________________

☐ I strongly recommend ☐ I recommend ☐ I recommend with Reservations ☐ I do not recommend

TELEPHONE CONTACT: I would_____ I would not be_____ willing to respond to additional questions by telephone.
Telephone Number(s)__________________________________________

Please RETURN statement to: Graduate Admissions – MAAPT/M.Div. Programs
Marylhurst University
PO Box 261
Marylhurst, OR 97036-0261
Confidential Recommendation Form
Graduate Department of Religious Studies

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(b-3) Certificate in Pastoral Care
Anticipated term of entrance into the program: Term _________ Year _________

(b-4) Certificate in Theological Studies
Anticipated term of entrance into the program: Term _________ Year _________

I understand that this recommendation will be used only for admission and financial aid decisions, and I hereby waive my right to access to the recommendations. By leaving this line UNSIGNED, I retain my right to read this reference.

(c) ___________________________ ___________________________ ___________________________
Applicant Signature Date Social Security Number

THIS SECTION TO BE FILLED IN BY THE APPLICANT AND GIVEN TO THE PERSON MAKING REFERENCE.
Please print or type.

(d) ___________________________ ___________________________
Name of Person Making Reference Complete Mailing Address

Position or Title ___________________________ City ___________________________

Organization ___________________________ State Zip Code Telephone with Area Code ___________________________

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TELEPHONE CONTACT: I would ______ I would not be ______ willing to respond to additional questions by telephone.
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Recommender’s Signature ___________________________ Date ____________

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Marylhurst University
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Marylhurst, OR 97036-0261

02/2012
Confidential Recommendation Form
Graduate Department of Religious Studies

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☐ I strongly recommend ☐ I recommend ☐ I recommend with Reservations ☐ I do not recommend

TELEPHONE CONTACT: I would_____ I would not be_____ willing to respond to additional questions by telephone.
Telephone Number(s)_______________________________________________________

Recommender’s Signature ___________________________ Date ________________

Please RETURN statement to: Graduate Admissions – MAAPT/M.Div. Programs
Marylhurst University
PO Box 261
Marylhurst, OR 97036-0261
Measles Immunization Form
Undergraduate and Graduate Students

This documentation is required for entering full-time, on-campus students. For undergraduate students, full-time is 12 credits per term, and for graduate students, full-time is 9 credits per term. Please see the Marylhurst University Immunization Policy for further information about this policy. Dates of immunization accompanied by the student signature will be accepted as evidence.

Name: _____________________________________________________________________________________________________
Last                   First                   Middle                   Maiden Name

Address: ___________________________________________________________________________________________________
Street                   City                   State                   Zip Code

Phone: __________________________ □ Home □ Work □ Cell    Student ID or Social Security # __________________________

VACCINE HISTORY (check one only):

☐ I have had two doses of measles vaccine at least 30 days apart. The first dose was at or after the age of 12 months.
First Dose Date ______________ Second Dose Date ______________

☐ I have had two doses of measles vaccine, but do not know the date of the first immunization. I had my second measles immunization on or after December 1989.
Second Dose Date ______________

☐ I am exempt from the measles vaccination requirement because (check one):

☐ I was born before January 1, 1957.

☐ I plan to be part-time (less than 12 credits for undergraduate and less than 9 credits for graduate students), or to take online coursework.

☐ A measles (rubella) titer report is attached, indicating I am immune to measles.

☐ A signed physician statement is attached, indicating I had the measles (rubella) and the date of the infection.

☐ A signed physician statement is attached verifying I have a medical reason for not receiving the immunization.

☐ My religious beliefs prohibit my use of the immunization.

SIGNATURE REQUIREMENT
I certify that the above information is true and complete by the best of my knowledge

________________________   __________________________
Signature                   Date
Marylhurst University Immunization Policy

In order to comply with Oregon law regarding a second measles vaccination for college students, Marylhurst University has developed the following policy:

Every full-time, on-campus* student at Marylhurst University who was born on or after January 1, 1957, must provide the school with evidence of having received two doses of measles vaccine on or after his/her first birthday with a minimum of 30 days between doses. If month and year of first vaccine are not available, documentation of the second dose after December 1, 1989, must be provided. The dates must be accompanied by the student’s signature.

*Full-time students are defined as students taking 12 or more quarter credits at the undergraduate level or 9 or more quarter credits at the graduate level as defined by Federal Financial Aid regulations. On-campus students are those taking a minimum of 50% of these credits in an on-campus, face-to-face format. Full-time status is determined based on student-reported intentions at the time of application for admission. Non-degree seeking students are not eligible for financial aid and are not expected to take a full-time course load.

EXCEPTIONS TO THIS POLICY

1. Student provides documentation of adequate measles (rubella) titer.
2. Student provides documentation of having had the disease. This must be signed by a physician, nurse practitioner, physician assistant, or registered nurse working under the direction of an M.D. or D.O.
3. Student provides physician documentation of a medical condition which prevents individual from using vaccine.
4. Religious beliefs of student prohibit immunization.

This policy was created and put into effect beginning September 1, 2000. It was updated to provide an additional exception for part-time and online students on May 1, 2007. All students entering on or after this date who do not meet one of the above exceptions must provide evidence of immunization in order to be allowed to register for classes.

PROCEDURE

Marylhurst University will use the following procedure to assure compliance:

1. Each entering student will be required to present documentation of immunization or legitimate exemption to the Office of Admissions prior to registration. This documentation is to be signed by the student.
2. Students who are required to provide proof of vaccination against measles who do not submit a written documentation of immunization or documentation of exemption statement will be not be admitted to the University until they are in compliance.