



GRADUATE DEPARTMENT OF RELIGIOUS STUDIES

MASTER OF ARTS IN APPLIED THEOLOGY
(A MASTER'S DEGREE IN INTERFAITH PASTORAL AND SPIRITUAL CARE)

MASTER OF DIVINITY
(A COMPREHENSIVE PROFESSIONAL MASTER'S DEGREE)

APPLICATION FOR ADMISSION

MARYLHURST UNIVERSITY

MARYLHURST UNIVERSITY

APPLICATION INSTRUCTIONS GRADUATE DEPARTMENT OF RELIGIOUS STUDIES MASTER OF ARTS IN APPLIED THEOLOGY PROGRAM MASTER OF DIVINITY PROGRAM



We are pleased you have chosen to apply to the Marylhurst University Master of Arts in Applied Theology and/or Master of Divinity program(s). Below is information on the application process.

REQUIRED MATERIALS

Applications will be acknowledged when the department receives the following items:

- Application and \$40 fee
- Millers Analogies Test results
- Résumé
- Brief autobiography (about 2-3 typewritten pages)
- Personal statement (about 2-3 typewritten pages) which addresses the following questions: Why would you like to pursue an Master of Arts in Applied Theology (M.A.A.T.) and/or Master of Divinity (M.Div.) at Marylhurst? What value will it have in your call to be a professional care provider? How will you balance personal, professional, spiritual, and academic commitments during your M.A.A.T. and/or M.Div. program(s)?
- Three sealed letters of recommendation. Letters of recommendation are to be from academic, personal, and professional sources and should address the personal, professional, and intellectual abilities of the applicant and also any unique strengths this person will bring to the program.
- Official sealed transcripts from all undergraduate and graduate coursework.

Your application will be reviewed by the department chair and admissions committee after the department receives all documentation. Applicants will be contacted for an entrance interview. They are to be submitted at least 6 weeks before the beginning of any quarter term.

APPLICATION DEADLINES

M.A.A.T. applications for fall quarter should be completed by September 10, as the M.A.A.T. 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 each term with no deadlines.

Usual term beginning dates are: fall, late September; winter, early January; spring, late March; summer, late June.

SEND ALL MATERIALS TO: Office of Admissions
Graduate Admissions
Marylhurst University
17600 Pacific Highway (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261

If you have a specific disability that qualifies you for academic adjustments and/or auxiliary aids, please contact the Coordinator for Accessibility and Disability Services at 503.636.8141, ext. 3344, or 800.634.9982, ext. 3344, or TTY 503.699.6301, or email adaservices@marylhurst.edu

MARYLHURST UNIVERSITY



APPLICATION FOR ADMISSION GRADUATE DEPARTMENT OF RELIGIOUS STUDIES MASTER OF ARTS IN APPLIED THEOLOGY PROGRAM MASTER OF DIVINITY PROGRAM

Please include a \$40 application fee to the Office of Admissions. Make checks payable to Marylhurst University.

I am applying for admissions to the following program(s). Please check the appropriate box.

- Master of Arts in Applied Theology
- Master of Divinity
- Graduate Certificate in Pastoral Care
- Graduate Certificate in Theological Studies

Anticipated quarter of entry: Fall Winter Spring Summer

Name (first, middle initial, last) _____

Please list all names that may appear on your transcripts: _____

Address _____

Telephone (day) _____ Telephone (evening) _____

Email Address _____ Date of Birth _____

Social Security Number _____ If you are an international student, a student identification number will be assigned.

U.S. Citizen? Yes No. If no, what country? _____ Visa Status _____

EMPLOYMENT

If you have a business card, please include one with your application.

Name of Employer _____

Nature of Organization/Mission of Organization _____

Professional Title _____ Years in this position _____

Professional Function(s) _____

ACADEMIC BACKGROUND

Colleges & Universities Attended	Dates	Degrees	Major
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(Please list all institutions you have attended and request official transcripts from each.)

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 _____

VISA/MasterCard Number _____ Expiration Date _____

Make checks/bank drafts payable to Marylhurst University.

MARYLHURST UNIVERSITY

TRANSCRIPT REQUEST
GRADUATE DEPARTMENT OF RELIGIOUS STUDIES
MASTER OF ARTS IN APPLIED THEOLOGY PROGRAM
MASTER OF DIVINITY PROGRAM



CANDIDATES: Most colleges and universities will need a written request (with your signature) with the following information and a fee. Usually, the registrar's office handles these requests.

_____, please send an official transcript for:

Name of Institution		
Last	First	Middle Initial
Address	City, State, Zip	Country
Social Security Number or Student Identification Number		
Approximate Dates of Attendance:	from month/year	to month/year

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

Signature _____

Date _____

2/08. 4

MARYLHURST UNIVERSITY

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Marylhurst University
17600 Pacific Highway (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261

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Date _____

2/08

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 MASTER OF ARTS IN APPLIED THEOLOGY PROGRAM
 MASTER OF DIVINITY PROGRAM
 17600 PACIFIC HIGHWAY (HWY. 43) P.O. BOX 261
 MARYLHURST, OR 97036-0261



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 form 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

GRADUATE DEGREE SOUGHT

(b-1) Master of Arts in Applied 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 _____

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:

	Outstanding (top 10%)	Above Average (next highest 10%)	Average (next highest 10%)	Below Average (next highest 10%)	No Basis for Judgment
Overall personal qualifications	_____	_____	_____	_____	_____
Pastoral & spiritual motivation	_____	_____	_____	_____	_____
Analytical ability	_____	_____	_____	_____	_____
Ability to work well with different religions and cultures	_____	_____	_____	_____	_____
Discretion	_____	_____	_____	_____	_____
Creativity or ingenuity	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Ability to deal with crises	_____	_____	_____	_____	_____
Ability to listen	_____	_____	_____	_____	_____

RECOMMENDATION SUMMARY for:

Applicant's Name _____

_____ I strongly recommend _____ I recommend with reservations
 _____ I recommend _____ I do not recommend

_____ that this applicant be admitted to the Marylhurst University Master of Arts in Applied Theology Program.

_____ that this applicant be admitted to the Marylhurst University Master of Divinity Program.

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 – M.A.A.T./M.Div. Programs
 Office of Admissions
 Marylhurst University
 PO Box 261
 Marylhurst, OR 97036-0261

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