

APPLICATION FOR ADMISSION

Please e-mail this application form to: secretary.ets@gmail.com

Or send by mail to:

ETS Admissions
2112 W. University Drive #400
Edinburg, TX 78539



PLEASE SELECT PROGRAM OF INTEREST

You may leave this section blank if you are undecided or wish to be an Unclassified student

Visitor/Auditor

**Master's Level (Academic Studies,
ETS/Graduate Consortium)**

Master in Theological Studies (M.T.S.)

Master of Divinity (M.Div.)

**Doctoral Level (Academic Studies,
ETS/Graduate Consortium)**

Doctor of Theology (Th.D.)

Doctor of Christian Education (D.C.E.)

PLEASE COMPLETE THE APPLICATION BELOW

Name: _____ Date: ____ / ____ / ____
 First Middle Initial (if applicable) Last (Surname[s])

Address: _____
 Number & Street City State, Zip Country

Mailing Address: _____
(if different from address above) Number & Street City State Zip Country

Phone Numbers:

Home (____) _____ Cell (____) _____ Work (____) _____

Date of Birth: _____ Country of Birth: _____ Country of Citizenship: _____

ECCLESIASTICAL BACKGROUND

Name of church currently attending: _____

Is this church part of a denomination? Yes No

If so, what specific denomination? _____

Are you an ordained Minister? Yes No Are you a Certified Teacher? Yes No

Briefly describe all professional ministerial/educational experience that you have: (You may attach a separate page if necessary)

Church Ministry _____

Christian Education _____

Evangelism Ministry _____

Other _____

EDUCATIONAL BACKGROUND

(Applicant is responsible to send transcripts, either official or unofficial, directly to the Admissions Office for each school listed below)

Name of college/institution/seminary	State Major	Dates attended	Degree conferred? If so, what degree?
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Specialized/Self-Actualized Study:

Title and/or Description of Study: _____

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Do you have anything written on this? Yes No
Are you willing to be tested in this area? Yes No

ADDITIONAL INFORMATION

Have you previously applied to ETS? Yes No If so, when?

Have you previously been enrolled at ETS? Yes No If so, when?

EXPECTED ENROLLMENT

Please indicate the semester in which you plan to begin: Fall Spring Year:

REFERENCES

(Please list the names and phone numbers of those whom you are requesting a reference. If you provide an email address, we will send them the reference form in electronic format. NOTE: Please do not include reference forms with this application. These should be sent directly to our office by the individuals listed below.)

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Signature of applicant _____ Date _____

Please remember to include a non-refundable application fee of \$25 in the form of a check or money order made payable to Edinburg Theological Seminary.