

FRANCISCAN SCHOOL OF THEOLOGY

APPLICATION FOR ADMISSION

1712 Euclid Avenue
Berkeley, CA 94709
(510) 848-5232
Fax: (510) 549-9466
www.fst.edu



PERSONAL INFORMATION

Legal Name: _____
Last Name First Name Middle Initial

Preferred Name: _____
(if different) Last Name First Name Middle Initial

Other names that may appear on legal documents: _____

Mailing Address: _____
Street Address

_____ City State Zip/City Code Country if not US

Alternate Address: _____
(if applicable) Street Address

_____ City State Zip/City Code Country if not US

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

Date of Birth: ____/____/____ Citizenship: _____
Month Day Year

City of Birth: _____ State/Country of Birth: _____

Male Female Single Married

Religious Congregation or Diocese (if religious or priest): _____

Social Security Number or Tax ID Number: _____

Ethnicity (optional) Note: GTU schools report demographic information in the US government-defined categories below in order to be eligible to receive federal financial aid funds. **Please answer both questions.**

Are you of Hispanic, Latina(o), or Spanish origin? Yes No

What is your race? (Check one or more)

- AN American Indian / Alaska Native HP Native Hawaiian or Other Pacific Islander
 AS Asian WH White
 BL African-American / Black

International Students Only

F-1 Student Visa US Permanent Resident Other: _____

English Proficiency

- I have requested TOEFL scores to be sent to FST.
 I have requested other agency scores to be sent to FST. Agency name: _____
 I request a waiver from English proficiency testing. Reason: _____

APPLICATION INFORMATION

Semester applying for: Fall 20____ Spring 20____

Full time / part time: Full Time (9-12 semester units) Part Time (under 9 semester units)

Have you applied to FST before? No Yes When? _____

Program applying for:

- Master of Theological Studies (MTS)
- Master of Divinity (M.Div.)
- Concurrent Master of Divinity / Master of Theological Studies
- Concurrent Master of Divinity / (GTU) Master of Arts
- Special Student Status / Sabbatical / Taste and See

Housing needs: I will need housing I will commute

Financial aid: I intend to apply for financial aid I do not intend to apply for financial aid

ACADEMIC BACKGROUND

Name of Institution: _____

Location: _____ Dates of Attendance: _____

Degree or Major: _____ Year Received or Expected: _____

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Have an official transcript from each institution sent directly to Office of Admissions, Franciscan School of Theology, 1712 Euclid Avenue, Berkeley, CA 94709. International transcripts must be translated into English by a certified educational evaluation service.

FRANCISCAN SCHOOL OF THEOLOGY

LETTER OF RECOMMENDATION

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APPLICANT INFORMATION To be completed by applicant

I, _____,
am applying for admission to the Franciscan School of Theology. In accordance with
federal regulations, letters of recommendation may be made available to the applicant.

- I waive the right to have access to this letter of recommendation.
 I do not waive the right to have access to this letter of recommendation.

Provide each recommender with a stamped envelope addressed to Office of Admissions,
Franciscan School of Theology, 1712 Euclid Avenue, Berkeley, CA 94709.

Signature of Applicant

____/____/____
Month Day Year

RECOMMENDER INFORMATION To be completed by recommender

Name: _____
Last Name First Name Middle Initial

Title: _____

Address: _____
Street address

City State Zip Country if not US

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Attach a letter stating your assessment of the applicant's capacity for graduate work in
theology and/or potential for ministerial leadership. Give both assets and liabilities, and
indicate how the applicant compares with other graduate students and/or ministerial
leaders you have known.

Signature of Recommender

____/____/____
Month Day Year

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