

Minnesota Graduate School of Theology

Associate School Programs

Mailing Address
 P. O. Box 29365
 Brooklyn Center, MN 55429
 (763) 560-9610

STUDENT APPLICATION FOR ADMISSION

Office Address
 Boulevard Plaza Office Condos
 7054 Brooklyn Boulevard
 Brooklyn Center MN 55429

Personal Data

Name (Last/First/Middle)				Date	
Address		E-Mail Address		Social Security No.	
City		State		Zip	
Age	Sex	Marital Status	No. of Dependents		Date of Birth
Best time to contact you	() - Business Phone		() - Home Phone		() - Cell Phone
Present Employer				Position	
Employer City		State		Zip	

Specific degree program for which you are applying

- Major Field:
- Bible Study Certificate
 - Associate Degree
 - Bachelors
 - Masters
 - Doctoral
 - Ph.D Program

Formal Education (Information must be complete with exact dates given on each entry)

Please attach copies of transcripts or have them forwarded to the the Associate School of the Minnesota Graduate School of Theology as soon as possible.

High School _____ City, State _____ Graduation Date _____

College/University Name City and State	Attendance		Major	Degree or No. of Credits	Other Awards	No. of Months Attended
	From	To				
Technical/Trade and Vocational Schools						
Extension/Home Study Courses Correspondence Schools						

Formal Education (information must be complete with exact dates given on each entry)

Continued

College/University Name City and State	Attendance		Major	Degree or No. of Credits	Other Awards	No. of Months Attended
	From	To				
Other Academic or Specialized Education						

Job-Related Achievements and Related Skills

(information must be complete with exact dates given on each entry)

Other formal or informal education and accomplishments

On-the-Job Training Seminars, etc.	Date Conducted		Total Hours	What was the Purpose of the Program?	Awards
	From	To			

Describe non-job-related learning experiences
That you believe justify college credit

Describe any unusual life experiences

Describe any languages you speak, read, or
write (other than English), and to what degree

Describe any books, articles, or patents published

Achievements Outside of Job-Related Skills

Memberships in professional or trade associations

Name of Organization	Active Years	Offices Held	Activity

Leadership role or offices held in any civic, fraternal, religious, or political organizations

Name of Organization	Active Years	Offices Held	Activity

Awards, citations, or other recognition of achievements

Name of Organization	Year	Type of Award	Achievement

Experience as a speaker, instructor, or teacher

What Occasion?	Date	Describe Your Participation

List trade or professional publications which you read regularly

1.	4.
2.	5.
3.	6.

List Professional licenses or certificates held

1.
2.
3.
4.

Military service

Employment History

Start with first job and progress in order to most current (last) job. Attach separate sheet, if necessary. Describe duties, responsibilities, number of employees you have supervised, etc. Life Learning Experience Evaluation requires in-depth detail descriptions of what you know, and the skills you have demonstrated in the performance of your occupation. Any five-year period for which credit is required should be amplified in detail on a separate sheet.

From	Employer Name	Job Title
To	Function & Responsibilities	
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From	Employer Name	Job Title
To	Function & Responsibilities	
From	Employer Name	Job Title
To	Function & Responsibilities	
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From	Employer Name	Job Title
To	Function & Responsibilities	
From	Employer Name	Job Title
To	Function & Responsibilities	
From	Employer Name	Job Title
To	Function & Responsibilities	

I hereby make application for admission to the Minnesota Graduate School of Theology. The academic and financial requirements have been fully explained to my complete satisfaction. I understand that all fees and tuition must be paid in full prior to graduation. I also understand that the Minnesota Graduate School of Theology is a private seminary and college and that, as a student at the Minnesota Graduate School of Theology, the hours that I academically earn may or may not transfer to the college of my choice.

TRUTH STATEMENT

I thereby certify and affirm that all information and documentation is true and correct. I do acknowledge that deliberate falsification or misrepresentation of information or documentation will be sufficient grounds to nullify and void my credit/degrees awarded or granted by this institution.

Applicant's signature

Date

***** PLEASE INCLUDE \$200 APPLICATION/REGISTRATION FEE AND RECENT PHOTO WITH APPLICATION *****

Accepted

Date