LOYOLA
UNIVERSITY MARYLAND

Application Procedures and Inventory Listing

Pastoral Counseling and Spiritual Care

Name: _____

M.S. Pastoral Counseling
Certificate of Advanced Study
Non-degree Special Student Enrollment Option

M.A. Spiritual & Pastoral Care
Master's Plus Program

Priority Application Deadlines*	**Fall Semester:**	**April 1**
	Spring Semester:	**November 1**
	Summer Session:	**April 1**

Applications received after Priority Deadline are reviewed on a space available basis

Inventory Listing:

Please make certain that all appropriate boxes have been checked on this form and include this inventory listing with the application materials you send to the Office of Graduate Admission.

- ☐ Signed application form
- ☐ Non-refundable $50 application fee
- ☐ Transcripts (**official** - in sealed envelopes) Number of institutions attended _____
- ☐ Current resume or vitae detailing your personal competency and leadership potential (please forward via email to **graduate@loyola.edu**)
- ☐ Two Letters of Recommendation in sealed envelopes (Professional/Academic References only)
- ☐ Essay responding to question on application form
- ☐ WES Evaluation and Translation - ***Required only for college or university studies pursued outside the United States***
- ☐ TOEFL Score Report – ***Required only if English is not your native language or if you have not completed a degree program taught in English. Score cannot be more than two years old. ****
- ☐ International Student Supplemental Forms—required only if you need a student visa

**Loyola's institution code is 5370

Please send all required documents to:

Office of Graduate Admission
Loyola University Maryland
2034 Greenspring Drive
Timonium, MD 21093

Note: *No action can be taken on your application for admission until all required materials, fees, and transcripts are received.*

On-line applications are available at www.loyola.edu/graduate

LOYOLA
UNIVERSITY MARYLAND

Pastoral Counseling and Spiritual Care Programs

☐ **M.S. Pastoral Counseling** ☐ **M.A. Spiritual & Pastoral Counseling**
☐ **Master's Plus** ☐ **Certificate of Advanced Study**
☐ **Non-degree Special Student Enrollment Option**

Start Term: ____Spring 20___ _____Summer 20___ _____Fall 20___

Personal Data

Legal Name: _____
DR/MR/MRS/MS/OTHER LAST FIRST MI JR/III/ETC.

Former Name(s):_____ Preferred Name: _____

Permanent Address:_____
NUMBER AND STREET

_____
CITY STATE COUNTRY ZIP/POSTAL CODE

Mailing address: _____
NUMBER AND STREET

_____
CITY STATE COUNTRY ZIP/POSTAL CODE

Telephone Home:_____ Mobile: _____
AREA CODE/NUMBER AREA CODE/NUMBER

E-mail address:_____

Demographic Information: Gender: Male _____ Female _____

Date of Birth _____ Place of Birth _____ Citizenship*_____
MO/DAY/YR

Are you a permanent resident of the United States? Yes_____ No _____ Visa Type_____

**** IF YOU WERE BORN OUTSIDE THE UNITED STATES, YOU ARE REQUIRED TO PROVIDE PROOF OF CITIZENSHIP (COPIES OF A BIRTH CERTIFICATE OR US PASSPORT) OR A COPY OF YOUR RESIDENT ALIEN CARD. IF YOU REQUIRE A F-1 VISA, YOU ARE REQUIRED TO COMPLETE THE INTERNATIONAL STUDENT SUPPLEMENTAL FORM AS PART OF YOUR APPLICATION FOR ADMISSION.***

Employment

Present Position:_____ Length in Position: _____

Employer:_____

Address:_____

_____
CITY STATE COUNTRY ZIP/POSTAL CODE

Employer Tuition Reimbursement : Yes _____ No _____ Percentage or Amount: _____

Educational Background

*List **ALL** colleges/universities attended. You are **required** to submit **official transcripts from each institution**.*

College/University	Attendance Dates	Degree/Certificate	Completion Date

Student Classification *(select one)*

____ First Time Loyola Graduate Applicant
____ Former Loyola Graduate Student Returning to New Program
____ Re-applicant to Same Program
____ Non-matriculating Applicant

Personal Essay

On a separate sheet of paper type (1-2) pages outlining your interest and goals in applying for the particular program of interest.

The following questions are optional and are used for statistical purposes only.

Are you of Hispanic or Latino Origin? _____Yes _____No

What is your race? Select one or more of the following categories:

American Indian or Alaska Native_____ Black or African American _____

Native Hawaiian or Other Pacific Islander ____ Asian_____ White_____

Religious Affiliation**:** _____

Certification

I affirm that the information I have provided on this application form and all other admission application materials is complete, accurate and true to the best of my knowledge. I have authorized each college or university I have attended to release academic and personal information as related to this admission application upon request by Loyola University Maryland. I agree to submit other materials that are required for this admission application. I understand that furnishing false information on any part of this admission application may result in cancellation of admission or registration or both.

Signature _____ Date _____

LOYOLA UNIVERSITY MARYLAND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, NATIONAL AND ETHNIC ORIGIN, AGE, RELIGION, AND DISABILITY IN THE ADMINISTRATION OF ANY OF ITS EDUCATIONAL PROGRAMS AND ACTIVITIES OR WITH RESPECT TO ADMISSION AND EMPLOYMENT. THE DESIGNATED COMPLIANCE OFFICER TO ENSURE COMPLIANCE WITH TITLE IX OF THE EDUCATION AMENDMENT(S) OF 1972, AS AMENDED, AND WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED, IS GEORGE CASEY, ASSISTANT VICE PRESIDENT FOR HUMAN RESOURCES, YORK ROAD, RM. 206, 410-617-2354. LOYOLA UNIVERSITY MARYLAND IS AUTHORIZED UNDER FEDERAL LAW TO ENROLL NON-IMMIGRANT, ALIEN STUDENTS

**** All application materials, once submitted, become the property of Loyola University Maryland and cannot be returned*.**

LOYOLA UNIVERSITY MARYLAND

Graduate Programs in Pastoral Counseling and Spiritual Care

Recommendation Form

To the Applicant

Complete the following items and forward this form to the individual who will provide your reference.

Name: _____
LAST FIRST MIDDLE FORMER/OTHER(IF APPLICABLE)

Mailing Address: _____
NUMBER AND STREET

_____
CITY STATE (COUNTRY IF APPLICABLE) ZIP/POSTAL CODE

Application Deadline: _____

Program

- ☐ M.S. Pastoral Counseling
- ☐ M.A. Spiritual & Pastoral Counseling
- ☐ Master's Plus
- ☐ Certificate of Advanced Study
- ☐ Non-degree Special Student Enrollment Option

I hereby release Loyola University Maryland and its agents and employees from liability in connection with investigating and evaluating my application. I further release from liability all parties providing information in good faith concerning my qualifications in connection with my application.

Applicant's Signature _____ Date _____

To the Person Completing this Form

The person named above is applying for admission to a Graduate Program in Pastoral Counseling at Loyola University Maryland. The Admission Committee finds candid evaluations helpful in choosing from among highly qualified candidates.

Notice about confidentiality: Under Public Law 93-380, the Family Educational Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Loyola University Maryland. To ensure confidentiality of information within the spirit of the laws, the university will use this form for the purpose of admission only. The professional reference and any other subjective supplementary statements sent on the applicant's behalf will be destroyed before his/her matriculation at Loyola. Your comments are valuable. The appraisal of the applicant will greatly assist the Admission Committee in reaching a decision in his/her best interest.

When you complete this recommendation form, please place the form and any additional pages in an envelope with your letterhead on it. **Sign your name across the sealed flap** of the envelope and return it to the **Office of Graduate Admission, Loyola University Maryland, Room 80, 2034 Greenspring Drive, Timonium, MD 21093**.

Name_____
DR./MR./MRS./MS.

Title/Position_____

Company/Position_____

Mailing Address _____
NUMBER AND STREET

_____
CITY STATE (COUNTRY IF APPLICABLE) ZIP/POSTAL CODE

Telephone_____ E-mail Address _____

Background Information

How long and how well have you known the applicant and in what capacity?

_____

_____

Ratings

In terms of the candidate's application to the M.S., M.A., or C.A.S. Programs in Pastoral Counseling and Spiritual Care, please rate the applicant on each characteristic listed below. If you feel unable to evaluate the applicant in an area, indicate that by marking "No Basis for Judgement".

1. Academic Ability	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
2. General Knowledge	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
3. Oral Expression Skills	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
4. Written Expression Skills	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
5. Originality	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
6. Social Awareness & Concern	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
7. Emotional Maturity	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
8. Desire to Achieve	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
9. Ability to Work with others	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
10. Leadership Skills	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
11. Persuasive Ability	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
12. Independence & Initiative	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
13. Professional Commitment	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
14. Research Skills	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
15. Potential for Success	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
16. Carefulness of Work	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
17. Adaptability	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement
18. Common Sense	☐ Poor	☐ Average	☐ Good	☐ Outstanding	☐ No Basis for Judgement

Please indicate the confidence with which you would or would not recommend the applicant for admission to the Graduate Program in Pastoral Counseling and Spiritual Care at Loyola University Maryland.

☐ Strongly Recommend ☐ Recommend ☐ Recommend with Reservations ☐ Not Recommended

Please add any additional comments on a separate piece of paper to describe the applicant's qualification.

Signature _____Date _____

LOYOLA
UNIVERSITY MARYLAND

Graduate Programs Transcript Request

To the Applicant: Send this form to each institution you attended. Many institutions charge a fee for official transcripts. To avoid delays, check each institution's policy in advance.

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
NUMBER AND STREET

_____
CITY STATE COUNTRY ZIP/POSTAL CODE

Name of institution attended: _____

Date of enrollment: From _____ To _____
MONTH/YEAR MONTH/YEAR

Former and/or other name(s) while attending this institution:_____

I hereby authorize the release of my transcript to Loyola University Maryland.

Signature _____ Date _____

To the Registrar: The person submitting this form is applying to the Graduate Programs at Loyola University Maryland. The Office of Graduate Admission at Loyola requests that you attach a copy of the applicant's official academic record to this form and insert the materials into the envelope provided by the student or an envelope used for official correspondence. Seal the envelope and **sign across the flap** to ensure confidentiality. Thank you for your assistance. Return the sealed envelope to the applicant or mail directly to the **Office of Graduate Admission at Loyola University Maryland, 2034 Greenspring Drive, Timonium, MD 21093**