

Application Procedures and Inventory Listing

Master of Theological Studies

Name: _____ **Application Deadline:** February 15 (Fall entry only) **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 from ALL institutions attended – including part-time studies (official - in sealed envelopes) Number of institutions attended Graduate Record Examination (GRE) exam scores sent directly from Educational Testing Services* Current resume or vitae (optional – if submitting, please forward via email to **graduate@loyola.edu**) Three Letters of Recommendation in sealed envelopes (at least two must be academic references) ☐ Statement of Purpose (see instructions on application form) A writing sample that emphasizes your theological interests and research (optional) 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

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

2034 Greenspring Drive Timonium, MD 21093

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



Master of Theological Studies

Intended Start Term: Fall 20 **Personal Data** Legal Name: _ DR/MR/MRS/MS/OTHER LAST FIRST JR/III/ETC. Preferred Name: Former Name(s):____ Permanent Address:____ NUMBER AND STREET CITY COUNTRY ZIP/POSTAL CODE STATE Mailing address: NUMBER AND STREET CITY STATE COUNTRY ZIP/POSTAL CODE Telephone Home:_____ Mobile: ____ AREA CODE/NUMBER E-mail address: **Demographic Information:** Gender: Male _____ Female _____ ___ Place of Birth _____ Citizenship*____ Date of Birth __ 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** Length in Position: Present Position: Employer:__ CITY STATE COUNTRY ZIP/POSTAL CODE Employer Tuition Reimbursement: Yes _____ No ____ Percentage or Amount: _____

Educational Background

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

College/University	Attendance Dates	Degree/Certificate	Completion Date
Student Classification	(select one)		
First Time Loyola C	Graduate Applicant		Re-applicant to Same Program
Former Loyola Grad	duate Student Returning to Nev	w Program	Non-matriculating Applicant
Statement of Purpose		0.1.000	
on a separate sneet(s) of printed information:	paper, type a concise essay (50)	J-1,000 words, double sp	paced) that includes the following
1. Describe your int	ellectual development and pre-		
	ola's Masters of Theological S		
graduate work; and		sts and possible future pl	lans for employment or further
e e e e e e e e e e e e e e e e e e e	ny strengths that you might bri	ng to the classroom and	the program as a whole.
The following questions a	re optional and are used for s	tatistical purposes only.	
Are you of Hispanic or	Latino Origin?Y	esNo	
What is your race? Se	lect one or more of the followi	ng categories:	
American Indian or A	laska Native Black o	r African American	_
Native Hawaiian or O	ther Pacific Islander	Asian White	e
Religious Affiliation	:		
tification			
irm that the information I have			plication materials is complete, accurat
			o release academic and personal informations submit other materials that are required
			nission application may result in cancel
lmission or registration or both		7 1	7
nature		Date	
			COLOR, NATIONAL AND ETHNIC ORIG PROGRAMS AND ACTIVITIES OR WITE
			PROGRAMS AND ACTIVITIES OR WITH ENSURE COMPLIANCE WITH TITLE IX
			EHABILITATION ACT OF 1973, AS K ROAD, RM. 206, 410-617-2354. LOYOI

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

UNIVERSITY MARYLAND IS AUTHORIZED UNDER FEDERAL LAW TO ENROLL NON-IMMIGRANT, ALIEN STUDENTS



Graduate Programs in Theological Studies

Recommendation Form

To the Applicant

Complete the following	ng items and forward this form to the	ne individual w	ho will provide yo	ur reference.		
Name:						_
LAST	FIRST		MIDDLE	FORMER/OTH	IER (IF APPLICABLE)	
Mailing Address:	NUMBER AND STREET					
CITY		STATE	(COUNTRY IF	APPLICABLE)	ZIP/POSTAL CODE	_
Application Deadline	e: February 15					
	ola University Maryland and its age release from liability all parties pro					
Applicant's Signature	>		Date			
To the Person Comp	oleting this Form					
-	ove is applying for admission to the e finds candid evaluations helpful i		-			i. The
records unless and until this form for the purpose	ulity: Under Public Law 93-380, the Fa they enroll at Loyola University Maryl e of admission only. The professional r ther matriculation at Loyola. Your comm n his/her best interest.	and. To ensure co eference and any	onfidentiality of infor other subjective sup	mation within the oplementary states	spirit of the laws, the uni- ments sent on the applican	versity will use nt's behalf will
Sign your name acre	this recommendation form, please oss the sealed flap of the envelope nspring Drive, Timonium, MD 2.	and return it to	-			
Name	S./MS.					_
Title/Position						_
Company/Position						_
Mailing Address	NUMBER AND STREET					_
CITY	STATE (COUNTRY IF APPLICABLE)	ZIP/POS	ΓAL CODE			-
Telephone	E-mail Ad	dress				

Background Information

How long and how well have yo	ou known the app	olicant and in what cap	acity?		
Ratings In terms of the candidate's appli below. If you feel unable to eva					
1. Academic Ability	Poor	Average	Good	Outstanding	☐ No Basis for Judgment
2. General Knowledge	☐ Poor	Average	Good	Outstanding	☐ No Basis for Judgment
3. Oral Expression Skills	Poor	Average	Good	Outstanding	☐ No Basis for Judgment
4. Written Expression Skills	Poor	Average	Good	Outstanding	No Basis for Judgment
5. Originality	Poor	Average	Good	Outstanding	No Basis for Judgment
6. Social Awareness & Concern	Poor	☐ Average	Good	Outstanding	No Basis for Judgment
7. Emotional Maturity	Poor	Average	Good	Outstanding	☐ No Basis for Judgment
8. Desire to Achieve	Poor	Average	Good	Outstanding	☐ No Basis for Judgment
9. Ability to Work with others	Poor	Average	Good	Outstanding	☐ No Basis for Judgment
10. Leadership Skills	Poor	Average	Good	Outstanding	☐ No Basis for Judgment
11. Persuasive Ability	☐ Poor	☐ Average	Good	Outstanding	No Basis for Judgment
12. Independence & Initiative	Poor	☐ Average	Good	Outstanding	☐ No Basis for Judgment
13. Professional Commitment	Poor	☐ Average	Good	Outstanding	No Basis for Judgment
14. Research Skills	Poor	Average	Good	Outstanding	☐ No Basis for Judgment
15. Potential for Success	Poor	☐ Average	Good	Outstanding	☐ No Basis for Judgment
16. Carefulness of Work	Poor	Average	Good	Outstanding	☐ No Basis for Judgment
17. Adaptability	Poor	Average	Good	Outstanding	☐ No Basis for Judgment
18. Common Sense	☐ Poor	☐ Average	Good	Outstanding	☐ No Basis for Judgment
	se indicate the confidence with which you would or would not recommend the applicant for admission to the Masters of Theological ies program at Loyola University Maryland.				
Strongly Recommend	Recomm	end 🔲 I	Recommend wit	th Reservations	Not Recommended
Please add any additional comm	ents on a separat	te piece of paper to des	scribe the applic	cant's qualification.	

Signature ______Date _____



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:	FIRST		MIDDLE
Mailing Address:			
		NUMBER AND STREET	
CITY	STATE	COUNTRY	ZIP/POSTAL CODE
Name of institution attended:			
Date of enrollment: From		То	
	MUNTH/YEAR	MONTH/YEAR	
Former and/or other name(s) while	e attending this institut	ion:	
I hereby authorize the release of r	ny 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**