

Enroll Academic Year 20__ / 20__

- Fall Winter Summer

Please type or print all responses

General Information

Full Legal Name: _____
Last Name First Name Middle Suffix

Preferred name/nickname: _____

Other names that may appear on your records: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Enrollment Information

For what degree program are you applying?

- | | |
|--|---|
| <input type="checkbox"/> Master of Divinity (MDiv)
<i>Check only if it applies</i>
<input type="checkbox"/> Journey Master of Divinity® Flexible Residency
<input type="checkbox"/> Concentration Anglican MDiv | <input type="checkbox"/> Master of Theological Studies (MTS) |
| <input type="checkbox"/> Master of Arts in Social Change (MASC) | <input type="checkbox"/> Master of Arts (MA) <i>(Check one Concentration)</i>
<input type="checkbox"/> Theology and Philosophy of Religion
<input type="checkbox"/> History of Christianity
<input type="checkbox"/> Biblical Studies
<input type="checkbox"/> Pastoral Care
<input type="checkbox"/> Ethics and Social Change
<input type="checkbox"/> Interdisciplinary/Other |
| <input type="checkbox"/> Master of Arts in Pastoral and Spiritual Care (MAPSC) | |

Academic Background

In chronological order, list all colleges and graduate schools attended, regardless of status of completion, and indicate degrees earned or expected (as applicable). Use a separate sheet if needed. **Request official transcripts from each institution and have it sent directly to the Iliff Admissions Office.**

Institution	Location City/State	Degree	Month/Year Degree Received or Expected

If any educational records are under a different name (i.e. before marriage), indicate previous name:

Theological school(s) to which you are applying in order of preference (1-highest preference), including Iliff School of Theology.

1) _____ 2) _____

3) _____ 4) _____

Transfer Credit Review

The name of the institution(s) (if any) on the transcripts that you are requesting to be reviewed for possible transfer of credit: _____

Do you need a Petition of transfer credit sent to you? Yes No

Do you need a Petition of course waiver sent to you? Yes No

Religious Affiliation

Of what denomination, religious tradition, or religious organization (if any) are you a member?

What is your judicatory body (annual conference, diocese, etc.)?

Of what local church or religious organization are you a member?

Additional Information

Have you ever been convicted of any of the following: a crime involving children, a sexual offense or any crime of violence, crime involving allegations of fraud or other conduct in which it was alleged that you misappropriated or misused funds?

Yes No

Have you ever been disciplined by an employer or academic institution for alleged sexual misconduct?

Yes No

If you answered yes above, please explain your understanding of the circumstances on a separate page.

Are you interested in receiving information about housing at Iliff?

Yes No

List extracurricular activities, organizational involvement, hobbies and interests. You may use additional sheets as needed.

Personal Statement

The personal statement is a crucial element in the evaluation of your application. In addition to providing information about you to the Admissions Committee, this will help your faculty advisor guide your learning experience in your degree program. With this in mind, compose an 800-1000 word essay (3-4 pages) addressing the following questions. (Please type; 12 pt font; double space).

In addition to your personal statement, please send a resume with your educational, work, and/or volunteer experience.

MDIV, MASC, MAPSC, MTS Candidates:

- 1) How does your background, intellectual and religious development, and significant life experiences relate to your vocational and educational expectations?
- 2) What are your strengths and areas where you need personal growth?
- 3) What are your reasons for wanting to study at a theological school such as Iliff and why have you chosen to do so at this time?
- 4) What do you consider to be some of the most important issues of our time and how do you plan to utilize your theological understanding to inform your response to these issues?

MA Candidates: In addition to the questions above please answer the following two questions in your essay:

- 5) What is your proposed area of concentration in preparation for doctoral work? If you are uncertain about the exact area, please include information about general areas of academic interest.
- 6) What faculty are you most interested in studying with and why?

Writing Sample: For Master of Arts (MA) students only.

The Master of Arts degree at Iliff is designed for preparation for doctoral study. Because writing is an integral part of this preparation, applicants are asked to submit a recent sample of their writing in addition to their personal statement. The sample may be of work previously written or may be prepared especially for this application. It may be on any topic and must include a bibliography with appropriate footnotes.

Personal Data Information:

By law you are not required to complete the personal data information. These questions will not affect the admission decision, but it will assist Iliff School of Theology in becoming more personally acquainted with you and in identifying appropriate resources for you.

Indicate your anticipated course load: Full-time Part-time

Social Security # * _____
* Please note that the social security number is used for financial aid purposes only.

Birth date: _____/_____/_____

Gender: Female Male

Race/Ethnic Group (U.S. citizens and permanent residents only)

- Native American/Alaskan Native
- Hispanic (including Puerto Rican)
- Black/African American
- Asian or Pacific Islander (including Indian sub-continent)
- White, Anglo, Caucasian (non-Hispanic)
- Other (specify) _____

Emergency Contact: _____ Relation: _____

Emergency contact phone number: _____

How did you hear about Iliff?

- Alumni
- Friend
- Family
- Pastor/Minister/Church
- Newspaper/Magazine/Advertisement
- Iliff Informational Table
- Faculty/Faculty Publication
- Campus Ministry
- Iliff Admissions Representative
- Iliff website/Web search
- Other

International Information

If you are not a citizen of the United States, please complete the following:

Place of birth: _____ Of what country are you a citizen? _____

Current visa type: _____ Current visa Expiration Date: _____

Are you a permanent resident of the United States? Yes No

Are you transferring your visa from another institution in the U.S? Yes No

If yes, name of the institution: _____

Church body or official recommending you for theological training in the U.S:

Name: _____

Address: _____

Church and Position: _____

Names and birth dates of family members (if any) who may come with you:

How long do you expect to study at the Iliff School of Theology? _____

Does your government impose restrictions on the exchange of funds for your study in the United States?

Yes No

If yes, describe the restrictions: _____

English Proficiency/TOEFL

International students must pass the Test of English as a Foreign Language (TOEFL) examination with a minimum score of 550 for the paper-based test, 230 for the computer-based test, or 90 for the internet-based test, and provide official evidence of your score. If you are from a country where English is the official language and your first language, you do not need to take this exam. The TOEFL is offered in many locations throughout the world. For more information about this test, please visit www.toefl.org.

Date of Examination Score TOEFL: _____

Financial Support/Documentation:

International students must provide an affidavit of financial sponsorship, including a notarized statement by a sponsoring individual/organization or a notarized statement from bank official showing balance of funds available. International students may bring spouses and/or dependent children with them only if they assume all responsibility for their family's financial support. **Masters students may be required to deposit with the Iliff Business Office a school-approved guarantee of return passage before arriving.**

Financial Resources	Assured Support in U.S. Dollars	Projected Support In U.S. Dollars		
	First Year	Second Year	Third Year	Fourth Year
<u>From Personal Savings</u> Enclose an official bank statement signed by a bank verifying your current balance.				
<u>Family Resources</u> Family sponsor must sign the statement below and submit an official bank statement verifying available funds.				
<u>Government Scholarship</u> An official letter of sponsorship must be sent directly from the sponsor.				
<u>Other Financial Support</u> Validation of support from the above mentioned source must be submitted.				
TOTAL →				

Agency of person coordinating your financial sponsorship: _____

Address: _____

Phone/Email: _____

Signature of Family Sponsor: _____ Date: _____

Relation to Applicant: _____

Address: _____

Street & Number

City

Country (or State/Zip)

Financial Plan

Please describe your plans for financing your theological education, including current financial resources and indebtedness. Use a separate sheet if needed.

References

Please list the persons who will supply letters of reference for you. Please refer to the reference instructions for reference requirements.

1. _____ (_____) _____
Name/Title Daytime phone

_____ Email

2. _____ (_____) _____
Name /Title Daytime phone

_____ Email

3. _____ (_____) _____
Name/Title Daytime phone

_____ Email

4. _____ (_____) _____
Name /Title Daytime phone

_____ Email

Admission Policies

Iloff School of Theology endorses and complies with all state and federal nondiscrimination laws and regulations in the administration of its admission, educational and financial aid policies. The Iloff School of Theology does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation, gender identity or age in its programs and activities.

Certain information requested in this application form is identified as “optional.” This information is not required and will not be used in any way in assessing your qualifications for admission. The information is collected for statistical purposes and will be valuable in Iloff’s attempt to provide services for its students.

An application that is not completed within one year after initial submission is invalid.

Approved admission is valid for one year after the original proposed quarter of enrollment. Thereafter a new application is required.

The Admissions Committee acts upon applications when all requested materials are received by the application deadlines. A completed application includes the application form, personal statement, transcripts from all work beyond high school, four letters of reference, a writing sample (for master of arts degree applicants only), and a \$50 processing fee. Additional materials are required for international students: TOEFL and Financial Documentation.

Proof of Immunization

Rubella, Measles, and Mumps (MMR) is required for all college students born after January 1, 1957. Within the first term of study you must provide documentation of immunity. You may wish to obtain copies of your medical records in order to document immunization or medical immunity or arrange for the necessary inoculations. This is a law of the State of Colorado for all students.

Health Insurance

Health insurance coverage is a requirement for enrolling at Iliff. Please plan on making arrangements for appropriate coverage of medical expenses while you are at Iliff by purchasing a health insurance policy. Proof of coverage must be submitted at the time of registration.

Enrollment Confirmation

Once you have been admitted, Iliff requires completion of the Enrollment Confirmation Form and the submission of a \$300.00 nonrefundable deposit to reserve your place in the entering class and hold any scholarships you have been awarded. The enrollment deposit is not a separate or additional fee; it will be applied to the first tuition bill.

Application Fee:

Enclose an application fee of \$50. Your application will not be considered until the application fee is received. This fee is not refundable. Make checks payable to: Iliff School of Theology.

Signature

I certify that the information in this application is complete and accurate, to the best of my knowledge, and understand that any misrepresentation or omission regarding enrollment at other institutions may result in denial or dismissal from the program. I understand that this application and all supporting documents become the confidential property of the Iliff School of Theology and will not be returned, copied, or released.

Signature _____

Date _____

Admission Deadlines

For the fall quarter.....July 1

For the winter quarterNovember 1

For the summer quarter.....April 1

Send all application materials to: Office of Admissions, Iliff School of Theology, 2201 South University Blvd., Denver, CO 80210-4798, (303) 765-3117, (800) 678-3360 ext. 117, Fax: (303) 765-1141, E-mail: admissions@iliff.edu, Website: www.iliff.edu

