



Application for Admission | GRADUATE CERTIFICATE PROGRAM

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: _____

Current Address – Use until: _____

Number & Street City State Zip Country

Home Phone: _____ Cell: _____

Email: _____

Enrollment Information

For what certificate are you applying?

- Anglican Certificate
- Biblical Studies Certificate
- General Theological Studies
- Pastoral and Spiritual Care
- Religion and Social Change Certificate
- United Methodist Studies Certificate
- Women and Religion

Do you intend to enroll in courses offered online? Yes No Unsure

Enroll Academic Year 20____ / 20____

Fall Winter Summer

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 an official transcript from the institution where you earned your undergraduate degree be sent directly to the Iliff Admissions Office.**

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

Have you previously applied to take courses at Iliff? Yes No If so, when? _____

Religious Affiliation (if applicable)

Of what denomination, religious tradition, or religious organization (if any) 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.

Personal Statement

Please write a brief statement (1 page) expressing your reasons for wanting to study at Iliff. Attach a separate page to the application or email to admissions@iliff.edu

Personal Data Information (optional):

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.

Social Security # * _____

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?

- | | |
|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Alumni | <input type="checkbox"/> Faculty/Faculty Publication |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Campus Ministry |
| <input type="checkbox"/> Family | <input type="checkbox"/> Iliff Admissions Representative |
| <input type="checkbox"/> Pastor/Minister/Church | <input type="checkbox"/> Iliff website/Web search |
| <input type="checkbox"/> Newspaper/Magazine/Advertisement | <input type="checkbox"/> Question to Learn |
| <input type="checkbox"/> Iliff Informational Table | <input type="checkbox"/> Other |

References

Please provide the names of two references we may phone to receive information on your capacity for graduate study. **Family members may not serve as referees.**

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

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

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.

Acceptance into the Graduate Certificate Program does not guarantee admission to additional programs in which the candidate may apply. A separate application is required for admission to a degree program at Iloff School of Theology.

Proof of Immunization

Within the first term of study you must provide documentation of immunity to three diseases, Rubella, Measles, and Mumps. 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.

Enrollment Confirmation

Once you have been admitted, Iloff requires completion of the Enrollment Confirmation Form and the submission of a \$300.00 nonrefundable deposit to reserve your place in the entering class. The enrollment deposit is not a separate or additional fee; it will be applied to the first tuition bill. Students who transfer to a degree program at Iloff are not required to pay another enrollment deposit.

Application Fee:

Enclose the 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: Iloff 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 Iloff School of Theology and will not be returned, copied, or released.

Signature _____

Date _____

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

