



Virginia University Of Lynchburg - Virginia Seminary School of Religion
 2058 Garfield Avenue, Lynchburg, VA 24501-6417 - Phone: (434) 528-5276 Fax: (434) 528-4257

Master of Divinity Degree Program - Admission Application

Please Check: Fall 20 _____ Spring 20 _____
 (Please type or print) SS# _____

Name: _____ / _____ / _____
 (Last) (First) (Middle)

Present Address: _____

City/State/Zip Code: _____

Phone No: (RES)(_____) **Phone No: (BUS)**(_____) **CELL:** _____
Permanent Address: _____

City/State/Zip Code: _____

Place of Birth: _____ **Date of Birth:** _____

State of Legal Residence: _____ **Citizenship:** _____ **Visa Status/Country** _____
Name of Spouse: _____ **Occupation of Spouse:** _____

Children's Names: _____ **Dates of Birth:** _____

Academic Record (List institutions previously attended)

<u>Name</u>	<u>Location</u>	<u>Dates attended</u>	<u>Degree Rec'd</u>	<u>Year</u>
_____	_____	_____	_____	_____
(College/University)				
_____	_____	_____	_____	_____
(College/University)				
_____	_____	_____	_____	_____
(College/University)				
_____	_____	_____	_____	_____
(College/University)				

What was your major? Undergraduate: _____ Graduate: _____

What academic honors/awards have you received?

Have you ever been dismissed from or are you currently on probation from any other school?

Yes No (If yes, please provide amplifying information with your application in written form)
 (Check Appropriate Block)

Present Church Membership: _____

Church Address: _____

Denomination (Be Specific): _____

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Name of Pastor (include address & Phone No.): _____

Are you? Licensed: ____ Licensed date: ___/___/___ Ordained: ____ Ordination date: ___/___/___

Specify what experiences you have had in church work: _____

Indicate the type of religious work in which you are most interested: _____

Present Occupation/Employer: _____ / _____

Employment Experiences (Use additional plain sheet if necessary): _____

Community Involvement (Include volunteer experiences): _____

List names & full addresses of individuals who will serve as references on separate sheet of paper and enclose with this application. (References should include your Pastor, College Professor in your field and two other acquaintances.)

Emergency Contact: _____ / _____ / _____
(Name) (Address) (Phone)

In addition to the above, please contact your previous schools and have copies of your Undergraduate, Graduate, and Seminary Transcripts sent directly to the School of Theology at Virginia University of Lynchburg.

SEND WITH THIS APPLICATION:

1. A non-refundable application fee of \$25.00
2. Medical History Form (Full-time day only)
3. Autobiography

Please check here if a dormitory room will be required: _____

I certify that all the information I have given in this application is complete and accurate to the best of my knowledge, and if admitted, I agree to observe all the rules and regulations of Virginia University of Lynchburg.

(Signature) _____

Date: ___/___/___

As a matter of policy, Virginia University of Lynchburg does not discriminate among applicants or participants based on race, sex, color, religion, nationality, origin, age, disability or veteran status.

Submit to: Office of Admissions, Virginia University of Lynchburg (address at top of form).

AUTOBIOGRAPHY

Please write an autobiography stating your general background, religious experience, understanding of “call to ministry”, and the anticipated use of your theological education. (Use back of sheet as Necessary)