APPLICATION PROCEDURE

We are pleased that you are interested in applying for admission to Reformed Theological Seminary. This packet will help you in the process. Enclosed you will find all the forms and materials needed to apply. If you have any questions, the Admissions staff will be glad to assist you. Please let us know how we can be of service.

Please note: an online version of the application is available. If you wish to apply online, please go to https://www.rts.edu/onlineapplication.

WHEN TO APPLY

Persons seeking admission should apply no earlier than one year or no later than one month before the semester they expect to enter. Application for our RTS/Virtual campus is unlimited. All other applicants may enter at one of four times per year:

1. Summer Term
2. Fall Semester
3. Winter Term
4. Spring Semester

COMPLETING THE APPLICATION FORM

Please complete the application form. On a separate page, please type the following:

1. A comprehensive account of your conversion, your relationship to the Lord Jesus Christ, your understanding of and commitment to historic Christian doctrine (e.g. as summarized in the Apostles Creed and Nicene Creed), and your ministry experience in and/or outside the church (approximately 350-1400 words, double-spaced). 
   Note: Applicants who do not hold to historic and orthodox Christian doctrine (as summarized for example, in the Apostles Creed and the Nicene Creed) may be admitted as Special Students only (up to 18 hours of courses).
2. A careful explanation of your reasons for wishing to pursue a course of theological study (approximately 350-700 words, double-spaced). (Special Student applicants may omit this essay.) This will not only provide the Admissions Committee with important information about you as a prospective student but will also demonstrate your writing ability.

Be sure to also enclose:
3. The appropriate application fee
4. A recent photograph (optional).

ACADEMIC TRANSCRIPTS

Please request that each college or university from which you have completed 6 or more semester hours send an official transcript of your work to the Admissions Office.

All transcripts must be sent directly to RTS by each institution, even if the work appears as transfer credit on another transcript.

REFERENCES

Reformed Theological Seminary requires references from your pastor, a former professor and a friend. Please be sure to fill out and sign the top portion on the front page of each reference form before giving it out. Please give each designated reference form directly to those from whom you are requesting a reference. References should be mailed directly to the Admissions Office by the person completing the form.

(Special Student applicants submit Pastoral References only).

INTERNATIONAL STUDENTS

Applicants for whom English is a second language must submit a TOEFL score not less than 550 (paper), 213 (computer), or 79-80 (internet) for most Master of Arts and Master of Divinity programs. Those scoring between 550 and 600 are strongly encouraged to attend language training before beginning their academic program of study. Applicants must also provide an educational history as well as documentation of financial support by submitting the International Student Application Supplement. Those who plan to apply for financial assistance from RTS are advised to begin the application process at least 18 months before their intended term.

NOTIFICATION OF ADMISSION

RTS has a rolling admissions policy. That is, as soon as all required application materials are received, the committee will review your file and you will be notified of the decision within 2-4 weeks.

FINANCIAL AID

Financial Aid will be awarded only after admission has been granted. To be considered for Financial Aid please complete the RTS/Atlanta Financial Aid Application. This application is available from the RTS/Atlanta Office of Student Services.

OTHER REQUIREMENTS

The Admissions Committee will examine the credentials submitted to determine each applicant’s suitability for admission. Admission may be granted on the basis of these credentials alone, or the Committee may also require one or more of the following:

1. A personal interview
2. An entrance examination in any subject the Committee deems basic to seminary study
3. The Graduate Record Examination
4. A psychological and/or aptitude test
5. A sample research paper

For additional admission information, please consult the RTS catalog.
PLEASE SELECT DESIRED DEGREE PROGRAM – RTS/ATLANTA:

- Master of Divinity
- Master of Arts (Religion)
- Certificate in Bible/Theology
- *Master of Divinity Diploma
- Master of Arts (Biblical Studies)

* A diploma is reserved for a very limited number of highly qualified applicants who have not completed an accredited bachelor's degree.

SELECT ONE IF APPLICABLE

- I am applying as a Special Student. This means I am interested in taking up to 18 credit hours without declaring a degree program.
- I am applying as a Visiting Student (I am a student at another graduate institution and wish to take a course at RTS and transfer the credit to my current degree program).

PLEASE COMPLETE THE APPLICATION BELOW.

Name: ______________________________________________________________________________________________________
First Middle Initial (if applicable) Last
Maiden Name (optional):  ____________________________________________ Name you prefer:  __________________________
Present Address:  ______________________________________________________________________________________________
Number & Street City State Zip Country
Permanent Address: ____________________________________________________________________________________________
Number & Street City State Zip Country
Phone Numbers:  Home ( _______ )  ______________________  Work ( _______ )  ________________________
Cell ( _______ )  ______________________  Email:  ___________________________________
Date of Birth:  _______________________________________________  Race (optional):  ___________________________
Country of Birth:  ____________________________________________  Country of Citizenship:  _____________________
Sex:  ☐ Male  ☐ Female  Marital Status:  ☐ Not Married  ☐ Married–Spouse’s Name  ______________________
Name(s) & Age(s) of Children:  ________________________________________________________________________________
_________________________________________________________________________________________________________

PRESENT EMPLOYMENT

Company Name ______________________________________________________________________________________________
Position/Occupation __________________________________________  Duration in current job ___________________________
Are you a veteran?  ☐ No  ☐ Yes – Please state military service, dates, ranks:  ___________________________________________
CHURCH MEMBERSHIP

Name of Church ________________________________________________________________

Presbytery/Associations (optional) _____________________________________________ Specific Denomination _______________________

Ministerial Status (if applicable, optional) □ Under Care □ Licensed □ Ordained

Name of body granting this status ______________________________________________

Do you plan to seek ordination to the pastoral ministry? □ Yes □ No □ Unsure

EDUCATIONAL BACKGROUND

(Applicant is responsible for making sure an official transcript from each school listed below is sent directly from that institution to the RTS Admissions Office.)

College ________________________________________ From/To ___________ Degree _________________________________

College ________________________________________ From/To ___________ Degree _________________________________

College ________________________________________ From/To ___________ Degree _________________________________

Seminary _______________________________________ From/To ___________ Degree _________________________________

Grad School ____________________________________ From/To ___________ Degree _________________________________

Grad School ____________________________________ From/To ___________ Degree _________________________________

Have you previously applied to RTS? □ No □ Yes 

Give dates and campus ____________________________

Have you previously been enrolled at RTS? □ No □ Yes 

Give dates and campus ____________________________

Are you applying to another seminary, graduate school or RTS campus? □ No □ Yes 

If yes, which one(s)? ____________________________________________________________

Have you ever been divorced? □ No □ Yes 

If yes, please explain. ____________________________________________________________

Have you ever been refused admittance or re-admittance by school? □ No □ Yes 

If yes, please explain. ____________________________________________________________

Do you have any communicable diseases? □ No □ Yes 

If yes, please explain. ____________________________________________________________

Do you have any health condition that would limit your ability to pursue full-time graduate study? □ No □ Yes 

If yes, please explain. ____________________________________________________________

Have you suffered from any nervous or mental disorder? □ No □ Yes 

If yes, please explain. ____________________________________________________________

Have you ever had extreme financial difficulties or been insolvent or bankrupt? □ No □ Yes 

If yes, please explain. ____________________________________________________________
Have you ever been convicted of a crime or pled guilty to a violation of any federal, state, county, military or municipal laws?  
☐ No  ☐ Yes (Note: in most jurisdictions, “Driving while intoxicated” (DWI) and “Driving under the influence” (DUI) are criminal offenses.)

If “yes”, please list the date and place of the offense, the charge and the deposition. ____________________________________________________________  
_____________________________________________________________________________________________________________________

Are there any situations in your life that might make the candidacy for your degree program questionable?  
☐ No  ☐ Yes

If yes, please explain. ________________________________________________________________________________________________

EXPECTED ENROLLMENT

☐ On-campus enrollment date: __________________________________________________________________________________________  
(semester/year)

☐ Initial enrollment will be in distance education: ________________________________________________________________________  
(month/year)

If “checked” please indicate anticipated start on campus: ________________________________________________________________  
(semester/year)

WHEN YOU RETURN THIS FORM, PLEASE ALSO ENCLOSE THE FOLLOWING ITEMS.

1. A recent photograph with your application. (optional)

2. Non-refundable application fee: $75 (the special student or visiting student fee is $40)

   By check: make payable to RTS

3. Please type a comprehensive account of your conversion, your relationship to the Lord Jesus Christ, your understanding of and commitment to historic Christian doctrine (e.g. as summarized in the Apostles Creed and Nicene Creed), and your ministry experience in or outside the church (approximately 350-1400 words, double-spaced). Note: Applicants who do not hold to historic and orthodox Christian doctrine (as summarized for example, in the Apostles Creed and the Nicene Creed) may be admitted as Special Students only (up to 18 hours of courses).

4. Please type a careful explanation of your reasons for wishing to pursue a course of theological study (approximately 350-700 words, double-spaced). (Special Students may omit this essay.)

5. Transcript(s): An official transcript from each institution where 6 or more credit hours have been completed must be mailed directly to RTS Atlanta at: Reformed Theological Seminary, 3585 Northside Pkwy NW, Atlanta, GA 30327-2309

6. References: Distribute the following forms to the appropriate references, instructing them to return the references directly to RTS. Please list the names and phone numbers of the references below. (Special Student applicants submit Pastoral References only.)

   PASTORAL
   Name________________________________________ Phone ___________________ Email ________________________________

   ACADEMIC
   Name________________________________________ Phone ___________________ Email ________________________________

   GENERAL
   Name________________________________________ Phone ___________________ Email ________________________________

Signature of applicant __________________________________ Date ________________________________

Reformed Theological Seminary maintains a non-discriminatory admissions policy.
PASTORAL REFERENCE

>PASTOR: Please return this form directly to the RTS Admissions Office. Do not return this form to the applicant.

RTS ADMISSIONS OFFICE
Reformed Theological Seminary, Admissions Office 888.995.8665
3585 Northside Pkwy NW, Atlanta, GA 30327-2309
admissions.atlanta@rts.edu

INSTRUCTIONS TO THE APPLICANT: Please complete the top section of this form before distributing the form.

Name of applicant (please print):  _________________________________________________________________________________

has applied for admission to the  ________________________________________________________________________   program.

This statement of evaluation will be maintained in confidence by the Reformed Theological Seminary for admission consideration. Under the federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. You may waive your right to access these records and recommendations either by indicating that preference below, or by leaving the preferences below unchecked and omitting the date and signature information. If you prefer not to waive your right to access these records and recommendations, mark the appropriate box below and complete the date and signature lines.

❑ I waive my right to review this reference.  ❑ I do not waive my right to review this reference.

It is also your option of granting permission for a representative of RTS to contact the reference directly concerning this recommendation.

❑ I grant permission for contact.  ❑ I do not grant permission for contact.

Applicant’s Signature:  ___________________________________________ Date:  _________________________________

INSTRUCTIONS TO THE REFERENCE: Please fill in the requested information as you feel qualified. Mail the completed form to the address above. Thank you for your part in this important phase of the applicant’s life.

How long have you known the applicant? ___________ In what capacity and how well have you known the applicant? _______________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

What are the applicant’s strengths and personal abilities?  _____________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

List areas in which you feel the applicant may need help as a student.  ___________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

What is your perception of the applicant’s commitment to Christ and to Christian living?  _________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

What is your perception of the nature and focus of the applicant’s call to Christian service?  _________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

(Continued on other side.)
Below are several characteristics that could affect the applicant’s success in graduate studies and his or her subsequent career. Please evaluate the applicant, indicating your degree of support in each area by checking the box to the right of each characteristic listed.

<table>
<thead>
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<td>❑</td>
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<td>D. Academic aptitude</td>
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<td>E. Attitude toward others</td>
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<td>G. Dependability</td>
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<td>H. Emotional stability</td>
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<td>J. Leadership</td>
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<td>K. Interpersonal skills</td>
<td>❑</td>
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<td>L. Physical health</td>
<td>❑</td>
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</tbody>
</table>

What degree of success in graduate school would you predict for the applicant?

- ❑ Below average
- ❑ Average
- ❑ Above average
- ❑ Superior

Please list any reasons why the applicant would be hindered in pursuing a theological degree:

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

Please offer additional comments on the applicant’s abilities for graduate studies:

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

Overall, I recommend this applicant to Reformed Theological Seminary:

- ❑ With highest endorsement.
- ❑ With an above average endorsement.
- ❑ With an average endorsement.
- ❑ With the following reservation:

_____________________________________________________________________________________________________________

- ❑ I do not recommend this applicant for admission at this time.

Your name (Please print) ___________________________ Date ___________________________

Title ___________________________ Institution ___________________________

Address ___________________________

Daytime phone ___________________________

Signature of reference ___________________________
Please return this form directly to the RTS Admissions Office. Do not return this form to the applicant.

RTS ADMISSIONS OFFICE
Reformed Theological Seminary, Admissions Office
3585 Northside Pkwy NW, Atlanta, GA 30327-2309
admissions.atlanta@rts.edu
888.995.8665
TEL 404.995.8484
FAX 404.995.8997

INSTRUCTIONS TO THE APPLICANT: Please complete the top section of this form before distributing the form.

Name of applicant (please print): _____________________________________________________________

has applied for admission to the ___________________________________________________________

program.

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❑ I waive my right to review this reference.  ❑ I do not waive my right to review this reference.

It is also your option of granting permission for a representative of RTS to contact the reference directly concerning this recommendation.

❑ I grant permission for contact.  ❑ I do not grant permission for contact.

Applicant’s Signature: __________________________________________ Date: ______________________

INSTRUCTIONS TO THE REFERENCE: Please fill in the requested information as you feel qualified. Mail the completed form to the address above. Thank you for your part in this important phase of the applicant’s life.

How long have you known the applicant? __________________________________________

In what capacity and how well have you known the applicant? __________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What are the applicant’s strengths and personal abilities? __________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

List areas in which you feel the applicant may need help as a student. __________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(Continued on other side.)
Below are several characteristics that could affect the applicant’s success in graduate studies and his or her subsequent career. Please evaluate the applicant, indicating your degree of support in each area by checking the box to the right of each characteristic listed. 

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<td>C. Research ability</td>
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<td>D. Writing ability</td>
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<td>E. Promptness in completing assignments</td>
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<td>F. Class attendance</td>
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<td>G. Moral integrity</td>
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<td>H. Leadership</td>
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<td>I. Compatibility with peers</td>
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Compared with: ________________________________ , (Please indicate reference group: college seniors, first-year graduate students, or other.)

I consider this applicant’s academic ability to be in the:

- Lowest 25%
- Middle 50%
- Upper 25%
- Upper 10%
- Upper 1%

Please offer additional comments on the applicant’s suitability for graduate studies.

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Overall, I recommend this applicant to Reformed Theological Seminary:

- With highest endorsement.
- With an above average endorsement.
- With an average endorsement.
- With the following reservation ________________________________

- I do not recommend this applicant for admission at this time.

Your name (Please print) ______________________________ Date ______________________________

Title ______________________________ Institution ______________________________

Address __________________________________________________________________________________

Daytime phone ______________________________________________________________________________

Signature of reference ______________________________

Please mail completed form to RTS, Admissions Office, 3585 Northside Pkwy NW, Atlanta, GA 30327-2309
GENERAL REFERENCE

Please return this form directly to the RTS Admissions Office. Do not return this form to the applicant.

INSTRUCTIONS TO THE APPLICANT: Please complete the top section of this form before distributing the form.

Name of applicant (please print): _______________________________________________________________________________

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How long have you known the applicant? _________ In what capacity and how well have you known the applicant? ______________

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What are the applicant’s strengths and personal abilities? ___________________________________________________________

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List areas in which you feel the applicant may need help as a student. ___________________________________________________

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What is your perception of the applicant’s commitment to Christ and to Christian living? _________________________________

__________________________________________________________________________________________________________________________________________

What is your perception of the nature and focus of the applicant’s call to Christian service? _______________________________

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What degree of success in graduate school would you predict for the applicant?

☐ Below average       ☐ Average       ☐ Above average       ☐ Superior

Please list any reasons why the applicant would be hindered in pursuing a theological degree?

_____________________________________________________________________________________________________________
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Please offer additional comments on the applicant’s abilities for graduate studies.

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Overall, I recommend this applicant to Reformed Theological Seminary:

☐ With highest endorsement.       ☐ With an above average endorsement.       ☐ With an average endorsement.       ☐ With the following reservation: ____________________________________________

☐ I do not recommend this applicant for admission at this time.

Your name (Please print) __________________________ Date __________________________
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Address __________________________________________________________________________
Daytime phone __________________________
Signature of reference __________________________

Please mail completed form to RTS, Admissions Office, 3585 Northside Pkwy NW, Atlanta, GA 30327-2309
AFTER YOU APPLY

Applications are received by the Admissions Office on a rolling basis throughout the year. However, entry into the programs of the seminary occurs primarily in August (Fall Semester), January (Winter Term), February (Spring Semester), and June (first Summer Term). When an application is received, the following sequence is followed:

1. The Admissions Office will notify the applicant of any outstanding requirements for admission (references, transcripts, etc). However, it will speed up the process if all required items are forwarded promptly. Your application is not considered complete until we possess all required items.

2. Completed applications are reviewed, and admission decisions are made on a continual basis. Applicants will be notified by letter of their admission status immediately after review.

3. An application for financial aid is available following admission.

4. A registration packet will be sent upon acceptance.

5. Please feel free to direct any questions regarding application and admissions, procedures, transfer credit, medical insurance, payment schedules, employment, financial aid, or vocational development to the Admissions Office. Please direct questions regarding course selection to the Registrar.

For additional questions or to receive further assistance, please contact the Admissions Office at 1.888.995.8665 or locally: 404.995.8484. We will be delighted to help.

Reformed Theological Seminary, Atlanta
3585 Northside Pkwy NW, Atlanta, GA 30327-2309

For more information please visit the Atlanta Admissions page at:
www.rts.edu/site/rtsearlyyou/atlanta/admissions/admissions.aspx
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