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 questions, the Admissions staff will be glad to help you. Please let us know how we can be of service.

WHEN TO APPLY
Persons seeking admission should apply no earlier than one year or no later than three months before the semester they expect to enter. All new applicants may enter at one of four times per year:
1. Summer Term *(including Summer Greek)*
2. Fall Semester
3. Winter Term
4. Spring Semester

Entry into the Master of Arts in Marriage and Family Therapy and Counseling program is limited to full time applicants in the Fall Semester. Applications for the first MFTC review are due February 1, prior to the Fall Semester of enrollment. In addition, applicants to the MFTC program should contact the Admissions Office for additional application requirements. Please note that students seeking admission to the Master of Divinity degree program should normally plan to enroll in Summer Greek, beginning in late July, prior to the first semester of study.

COMPLETING THE APPLICATION FORM
Please complete the application form, answering questions 38 and 39 on separate pages (typed). 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 enclose the appropriate application fee and a recent photograph.

ACADEMIC TRANSCRIPTS
Please request that each college or university where 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 us by each institution, even if the work appears as a transfer credit on another transcript.

REFERENCES
Reformed Theological Seminary requires references from your pastor, a former professor, and a friend. Please be sure and fill out and sign the top portion on the front page of each reference form before giving them 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.

INTERNATIONAL STUDENTS
Applicants for whom English is a second language must submit a TOEFL score not less than 550 for most Master of Arts and Master of Divinity programs, and not less than 600 for the Master of Theology and Doctor of Ministry programs.

Those scoring between 550 and 600 must attend summer language training before beginning their academic program of study in the Fall Semester. 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 Fall Semester of enrollment.

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. If there is any delay in receiving one or more of your required references or transcripts, you will be notified.

FINANCIAL AID
Financial Aid will be awarded only after an application for admission has been completed and approved.

TUITION DEPOSIT
Once your application is approved, you will be asked to pay a non-refundable $200 that will be applied toward your tuition when you register for your first semester. This deposit holds your place in the incoming class.

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.

Return all application forms to:
Reformed Theological Seminary
Admissions Office
5422 Clinton Boulevard
Jackson, MS 39202
Toll Free Number: 800.543.2703
E-mail: admissions.jackson@rts.edu
APPLICATION FOR ADMISSION

A D M I S S I O N S

Reformed Theological Seminary, Jackson
5422 Clinton Boulevard, Jackson MS 39209
admissions.jackson@rts.edu

1. Name: ____________________________________________  Name you prefer: __________________________

2. Present Address: ____________________________________________
   Number & Street ____________________________
   City ____________________________ State ____________________________ Zip ____________________________ Country ___

3. Permanent Address: ____________________________________________
   Number & Street ____________________________
   City ____________________________ State ____________________________ Zip ____________________________ Country ___

4. Phone Numbers:  Home ( _______ ) ____________________________ 5. Work ( _______ ) ____________________________
   Cell ( _______ ) ____________________________

6. E-Mail: ____________________________________________

7. Social Security #: ____________________________


10. Country of Citizenship: ____________________________

11. International Students Only: Type of VISA held or for which you are applying: ____________________________

12. Sex: [ ] Male [ ] Female 13. Marital Status: [ ] Not Married [ ] Married–Spouse’s Name ____________________________


15. Present employment (Kind & Length): ____________________________

16. Are you a veteran? [ ] No [ ] Yes – Please state military service, dates, and rank: ____________________________

17. Church Membership: ____________________________ 18. Presbytery/Association/Classis: ____________________________

19. Specific Denomination: ____________________________

20. Ministerial Status (If applicable): [ ] Under Care [ ] Licensed [ ] Ordained

21. Name of Body granting this status: ____________________________

22. Degree Program(s) for which you are applying:
   [ ] Master of Divinity
   [ ] Master of Divinity Diploma
   [ ] Master of Theology
   [ ] Doctor of Ministry
   [ ] Doctor of Ministry in Intercultural Studies
   [ ] Doctor of Philosophy in Intercultural Studies
   [ ] Master of Arts in Biblical Studies
   [ ] Master of Arts in Christian Education
   [ ] Master of Arts in Missions
   [ ] Master of Arts in Theological Studies
   [ ] Master of Arts in Marriage and Family Therapy and Counseling
   [ ] Certificate in Bible, Theology, or Missions
   [ ] Special Student
   [ ] Master of Arts in Missions
   [ ] Doctor of Philosophy in Intercultural Studies

23. Campus Interest: [ ] Atlanta [ ] Charlotte [ ] Orlando [ ] Virtual Campus
   [ ] Boca Raton [ ] Jackson [ ] Washington/Baltimore

24. Expected Enrollment:
   On-Campus or Extension Site Enrollment Date (Semester/Year): ____________________________

   Or  Initial enrollment will be in Distance Education (Month/Year): ____________________________

   (Continued on other side.)

A mind for truth. A heart for God.
25. Educational Background: (Applicant is responsible for having official transcripts sent directly to the Admissions by each school listed below.)

College: __________________________________ from ___________ to ___________ Degree: __________________

College: __________________________________ from ___________ to ___________ Degree: __________________

College: __________________________________ from ___________ to ___________ Degree: __________________

Seminary: ________________________________ from ___________ to ___________ Degree: __________________

Graduate School: __________________________ from ___________ to ___________ Degree: __________________

26. Have you previously applied to RTS?  ❑ No  ❑ Yes – Give dates and campus: __________________________

27. Have you previously been enrolled at RTS?  ❑ No  ❑ Yes – Give dates and campus: __________________________

28. Are you applying to any other seminary, graduate school, or another RTS campus?  ❑ No  ❑ Yes

If yes, which one(s)? __________________________

For questions 29-34, if you answer “Yes” to any of the following questions, please explain on an accompanying page.

29. Have you ever been divorced?  ❑ Yes  ❑ No

30. Have you ever been refused admittance or re-admittance by a school?  ❑ Yes  ❑ No

31. Do you have any communicable diseases?  ❑ Yes  ❑ No

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

33. Have you suffered from any nervous or mental disorders?  ❑ Yes  ❑ No

34. Are there any other situations in your life that might make the candidacy for your degree program(s) questionable?  ❑ Yes  ❑ No

35. References: Please fill out the top portion of all three reference forms included in this packet and sign in the space provided.

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

Pastoral: __________________________________ Phone number __________________________

Academic: __________________________________ Phone number _________________________

General: __________________________________ Phone number _________________________

When you return this form, please also enclose items 36-41:

36. A recent photograph.

37. Non-refundable application fee: Special Student (see Tuition and Fees Schedule)
Masters (see Tuition and Fees Schedule)
Ph.D./D.Min./Th.M. (see Tuition and Fees Schedule)

38. On a separate page, please type a comprehensive account of your conversion, your relationship to the Lord Jesus Christ, and your ministry experience in or outside the church.

Please comment briefly on your understanding of and commitment to historic Christian doctrine (e.g., as summarized in the Apostles Creed, etc.) [1 to 4 pages, double spaced].

39. On a separate page, please type a careful explanation of your reasons for wishing to pursue the course of theological study listed in question 22 [1 to 2 pages, double spaced]. Special Student applicants may omit this essay.

Note: Marriage and Family Therapy and Counseling, Doctor of Ministry, and Doctor of Philosophy candidates should also complete the appropriate personal and professional profile form.

Applicant’s Signature: ___________________________ Date: ___________________________

Reformed Theological Seminary maintains a racially non-discriminatory admissions policy.
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.

Name of reference (please print): __________________________________________________________

_________________________________________________________________________________

This letter of evaluation will be maintained in confidence by Reformed Theological Seminary for admissions consideration. Under the Federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. You have the option to waive your right to access these records and recommendations or decline to do so. Please mark the appropriate box below:

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

It is also your option to grant 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.

1. How long have you known the applicant? _________ In what capacity and how well have you known the applicant? ________________________________________________________________

2. What are the applicant’s strengths and special abilities? ________________________________________________________________

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

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

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

6. Describe the applicant’s relationship with peers. ________________________________________________________________

7. Describe the applicant’s relationship with the opposite sex (and spouse). ________________________________________________________________

(Continued on other side.)
8. Describe the applicant's behavior and attitude toward authority (including parents if known). ________________________________________________

9. Below are listed several characteristics that could affect the applicant's success in graduate studies and his or her subsequent career. Please evaluate the applicant, relative to his/her peers, by placing an “x” in the box to the right of each characteristic listed.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Not Observed</th>
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<td>B. Christian character</td>
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<td>I. Emotional stability</td>
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<td>L. Interpersonal skills</td>
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<td>M. Physical health</td>
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10. Do you know of any reasons why the applicant would be hindered in the pursuit of a theological degree? _______________________________________________________

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

12. Predict the applicant’s overall performance in graduate school.

☐ Weak (lower 25%) ☐ Fair (middle 50%) ☐ Good (top 25%) ☐ Excellent (top 10%) ☐ Outstanding (top 2%)

13. ☐ I recommend ☐ I do not recommend ☐ I recommend with this reservation (please explain) ________________________________

Signature of Reference _____________________________________________ Date _______________________

Name (Print) __________________________________________ Title _______________________

Institution ___________________________________________ Daytime phone _______________________

Address ____________________________________________

Please mail completed form to: RTS, Admissions Office, 5422 Clinton Boulevard, Jackson, MS 39209
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.

Name of reference (please print): ____________________________________________________________

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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 to grant 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.

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

____________________________________________________________________________________

____________________________________________________________________________________

2. What are the applicant’s strengths and special abilities? ______________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

3. Are there any areas in which you feel the applicant may need help as a student. _________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

4. Describe the applicant’s relationship with peers. _____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

5. Describe the applicant’s relationship with the opposite sex (and spouse) ______________________________

____________________________________________________________________________________

____________________________________________________________________________________

(Continued on other side.)
6. Describe the applicant’s behavior and attitude toward authority (including parents if known). 


7. Below are listed several characteristics that could affect the applicant’s success in graduate studies and his or her subsequent career. Please evaluate the applicant, relative to his/her peers, by placing an “x” in the box to the right of each characteristic listed.

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<tr>
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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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8. Please offer additional comments on the applicant’s suitability for graduate studies.


9. 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:
☐ Weak (lower 25%) ☐ Fair (middle 50%) ☐ Good (top 25%) ☐ Excellent (top 10%) ☐ Outstanding (top 2%)

10. Predict the applicant’s overall performance in graduate school.

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Signature of Reference ___________________________________________ Date ____________________________
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Institution ___________________________________________ Daytime phone ____________________________
Address ___________________________________________ ____________________________

Please mail completed form to: RTS, Admissions Office, 5422 Clinton Boulevard, Jackson, MS 39209
GENERAL REFERENCE

Reformed Theological Seminary, Jackson  800.543.2703
5422 Clinton Boulevard, Jackson MS 39209  TEL 601.923.1670
admissions.jackson@rts.edu  FAX 601.923.1654

► 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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10. Do you know of any reasons why the applicant would be hindered in the pursuit of a theological degree? ________________________________

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

12. Predict the applicant’s overall performance in graduate school.

   ❑ Weak (lower 25%)        ❑ Fair (middle 50%)        ❑ Good (top 25%)        ❑ Excellent (top 10%)        ❑ Outstanding (top 2%)

13. ❑ I recommend        ❑ I do not recommend        ❑ I recommend with this reservation (please explain) ________________________________

Signature of Reference ________________________________ Date ________________________________

Name (Print) ________________________________ Title ________________________________

Institution ________________________________ Daytime phone ________________________________

Address ________________________________

Please mail completed form to: RTS, Admissions Office, 5422 Clinton Boulevard, Jackson, MS 39209
AFTER YOU APPLY

Applications are received by the Admissions Office throughout the year. However, entry into the programs of the seminary normally occurs in early August (Summer Greek), late August (Fall Semester), January (Winter Term), February (Spring Semester), and June (Summer Term). Entry into the Master of Arts in Marriage and Family Therapy and Counseling program is limited to the Fall Semester. When an application is received, the following sequence is followed:

1. Upon receipt of the application form and fee, any previously received application materials are pulled from the miscellaneous file, and an individualized file is assembled. At that time, written notification of outstanding application materials is sent to the applicant. **No further written notification will be sent.** Thereafter, the applicant is encouraged to follow-up periodically on the status of their application by contacting the Admissions Office and, if need be, their references and educational institutions.

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 may be submitted following receipt of a letter of admission. Contact the Admissions Office regarding the financial aid application deadline for the semester in which you wish to enroll.

4. Upon receipt of a letter of admission, a letter of intent to register should be forwarded to the seminary along with a $200 tuition deposit.

5. Priority for seminary housing is based on the date your tuition deposit is received by the Admissions Office. Housing application will be mailed to all interested applicants, and housing assignments will be made based on the availability of housing units. Therefore, this application should be returned as soon as possible.

6. **Application Checklist**

   **Sent by Applicant:**
   - Application Form
   - Appropriate Application Fee
   - Statement of Faith
   - Call to Christian Service
     (not required for Special Students)
   - Personal and Professional Profile
     (MFT and D.Min. only)
   - Recent Photo

   **Sent by Others:**
   - Pastoral Reference
   - Academic Reference
     (not required for Special Students)
   - General Reference (not required for Special Students)
   - All necessary transcripts
   - GRE (MFT only)
   - TOEFL (international applicants only)
   - M.Div. (Th.M. and D.Min. only)

7. **Matriculation Checklist**
   - Submitted letter of intent with appropriate tuition deposit.
   - Requested and submitted financial aid application before deadline (if necessary).
   - Submitted housing application (if necessary).
   - Pre-Registered online.

8. A registration packet will be sent approximately one month prior to the anticipated registration date.

9. Please direct any questions to the following offices. The phone number is 601.923.1670 or 800.543.2703 or send an email to: admissions.jackson@rts.edu.

   - Application and Admissions Procedures  Admissions Office
   - Transfer Credit  Registrar
   - Seminary Housing  Office of Student Housing
   - Off-campus Housing  Admissions Office
   - Medical Insurance  Admissions Office
   - Payment Schedules:  Business Office
   - Course Selection  Admissions Office or Faculty Advisor
   - Employment  Admissions Office
   - Opportunities for Spouses:  Admissions Office
   - Financial Aid  Admissions Office
   - Vocational Development  Field Education Office