

APPLICATION

FOR ADMISSIONS



RTS

JACKSON



A mind for truth. A heart for God.

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

800.543.2703
TEL 601.923.1670
FAX 601.923.1654

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 (_____) _____
Cell (_____) _____

5. Work (_____) _____

6. E-Mail: _____

7. Social Security #: _____

8. Birth Date: _____

9. Country of Birth: _____

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 _____

14. Names & Ages of Children: _____

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

Emphasis in Biblical Exegesis

Emphasis in Counseling

Emphasis in Missions

No emphasis (General MDiv)

Master of Arts

Master of Arts in Marriage and
Family Therapy and Counseling

Doctor of Ministry

Special Student

Certificate in Bible, Theology,
or Missions

23. Expected Enrollment:

Jackson Campus Enrollment Date (Semester/Year): _____

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

(Continued on other side.)

A P P L I C A T I O N F O R A D M I S S I O N

24. 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: _____

25. Have you previously applied to RTS? No Yes – Give dates and campus: _____

26. Have you previously been enrolled at RTS? No Yes – Give dates and campus: _____

27. Are you applying to any other seminary, graduate school, or another RTS campus? No Yes
If yes, which one(s)? _____

For questions 28-33, if you answer “Yes” to any of the following questions, please explain on an accompanying page.

28. Have you ever been divorced? Yes No

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

30. Do you have any communicable diseases? Yes No

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

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

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

34. 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 35-38:

35. A recent photograph.

36. Non-refundable application fee: Special Student (see Tuition and Fees Schedule)
Masters (see Tuition and Fees Schedule)

37. 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].

38. 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 and Doctor of Ministry 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.

PASTORAL REFERENCE



A D M I S S I O N S

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

800.543.2703
TEL 601.923.1670
FAX 601.923.1654

► **PASTOR:** *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): _____

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.

	Not Observed	Weak (lower 25%)	Fair (middle 50%)	Good (top 25%)	Excellent (top 10%)	Outstanding (top 2%)
A. Commitment to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Academic aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Attitude toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Compatibility with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Marital relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ACADEMIC REFERENCE



A D M I S S I O N S

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

800.543.2703
TEL 601.923.1670
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): _____
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. 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.)

A C A D E M I C R E F E R E N C E

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.

	Not Observed	Weak (lower 25%)	Fair (middle 50%)	Good (top 25%)	Excellent (top 10%)	Outstanding (top 2%)
A. Academic aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Research ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Promptness in completing assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Class attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Moral integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Compatibility with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Attitude toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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

11. 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

GENERAL REFERENCE



A D M I S S I O N S

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

800.543.2703
TEL 601.923.1670
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): _____

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.)

G E N E R A L R E F E R E N C E

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.

	Not Observed	Weak (lower 25%)	Fair (middle 50%)	Good (top 25%)	Excellent (top 10%)	Outstanding (top 2%)
A. Commitment to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Academic aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Attitude toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Compatibility with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Marital relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



REFORMED THEOLOGICAL
SEMINARY



REFORMED
THEOLOGICAL
SEMINARY



ATLANTA

CHARLOTTE

JACKSON

ORLANDO

WASHINGTON DC

VIRTUAL

A mind for truth. A heart for God.