

LUTHERAN THEOLOGICAL SEMINARY, SASKATOON
APPLICATION FOR ADMISSION

I am applying for admission to the following program of studies:

- _____ Master of Divinity
- _____ Bachelor of Theology
- _____ Master of Theological Studies
- _____ Lutheran Formation Certificate Program
- _____ Diaconal Certificate Program

I expect to begin the program _____

1. Name in Full: (underline name by which you are known)

2. Permanent Address: _____ Current Address: (valid until _____)

Telephone Number:

Fax Number:

E-Mail Address:

3. Personal Information:

a. Date of Birth:

b. Date and Place of Baptism:

c. Date and Place of Confirmation:

d. Name and Address of Pastor and Congregation of which you are a Member:

e. Church or Synod:

f. If you or your spouse have had other denominational affiliation, please indicate:

4. Family Information:

a. Spouse's Name (if applicable):

b. Children's Names and Ages (if applicable):

c. Name and Address of Next of Kin:

5. Please list previous academic experience & achievement: **Transcripts must be forwarded**

within 30 days of submitting Application.

a. High School from which you graduated and date of graduation:

b. University and/or other advanced study:

Name of School	Major Field of Study	Dates of Attendance	Degree granted or expected
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c. List special academic honors and extra-curricular activities:

6. List all positions at which you have worked for more than three months since graduating from High School with the length of time the position was held.

7. Have you applied to another Seminary? Yes _____ No _____
Name of school:
Action taken:

8. Have you attended another Seminary? Yes _____ No. _____
Name of school:
Reason for leaving:

9. ELCIC applicants only:

a. Name of Synod:

b. Are you in process with the Committee on Theological Education and Leadership in your Synod? Yes _____ No _____
If yes, please indicate where you are in the process:

c. Date of endorsement:

10. What volunteer work have you done in the Church or wider community?

11. Give a brief statement of your financial status and plans for meeting all expenses while at the Seminary.

12. Give the names, addresses (including postal codes) and telephone numbers of four persons willing to write *confidential* letters of reference on your behalf.

a. Academic reference:

b. Lay member of your congregation:

c. Business person or banker who knows you personally:

d. Home and/or Campus pastor:

13. On separate paper, please write an autobiography. A guideline for what we are looking for in your autobiography is enclosed in the application package. You will need to submit a copy of your autobiography with your CTEL application as well.

14. Do you wish to have a residence application form?

Yes _____ No _____

I certify that the above information is correct _____

Application Check List:

1. Autobiography.
2. Statement of general health by a physician.
3. Official transcript(s) sent from University and/or College attended.
4. Recent small photograph.
5. Criminal Records check.
6. **Application fee of \$75.00.** (Cheque made payable to Lutheran Theological Seminary).

Return Application to:

The Registrar
Lutheran Theological Seminary
114 Seminary Cres.
Saskatoon, SK S7N 0X3

PH: 306-966-7856

FAX: 306-966-7852

E-MAIL: susan.avant@usask.ca

Application Deadlines: May 15 for semester beginning in September
September 15 for semester beginning in January