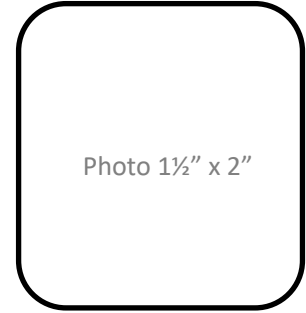




Covenant Mission Seminary

Application for Admission



Degree Sought

Term: Spring Fall

Enrollment Year: _____

Bachelor of Arts in Theology

Master of Arts in Religion

Master of Divinity

Master of Theology

Personal Information

Name: _____ Gender: Male Female

Date of Birth ____/____/____ Place of Birth _____

Address _____ City _____ Zip _____

Phone () _____ E-mail _____

Marital Status: Single Married Divorced Remarried Separated Widowed

Country of Citizenship: _____ Church Office Held: _____

Denomination _____ Home Church _____

Academic History

High School/College/Grad School	Location	Dates Attended	Degree Earned

Continue on back page as needed

I certify that the information provided in all parts of this application is true and accurate to the best of my knowledge.

Signature _____ Date _____



Reference Evaluation

Student Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Instruction to the Reference

The student named above has applied for admission to Covenant Mission Seminary and requested that you give an evaluation. We would be grateful if you would give your frank opinion of applicant by responding to the questions below.

Assessment of Applicant's Abilities (Continue on back page as needed)

How long have you known the applicant and in what context? _____

	Inadequate	Doubtful	Adequate	Above Average	Exceptional
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Instinct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotion. Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gift for Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further Comments: _____

Your Name (Printed) _____

Position/Title _____

Signature _____ Date _____

Recommender to send directly to:

covenantmsc@gmail.com



Reference Evaluation

Student Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Instruction to the Reference

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Clarity of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Instinct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotion. Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gift for Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further Comments: _____

Your Name (Printed) _____

Position/Title _____

Signature _____ Date _____

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