APPLICATION FOR ADMISSION

P.O. BOX 2247
AUSTIN, TEXAS 78768
PHONE: (512) 472-4133
FAX: (512) 472-3098
admissions@ssw.edu
www.ssw.edu

PROGRAM: (CHECK ONE)

☐ Master of Arts in Religion

NAME

DATE OF APPLICATION

DATE OF EXPECTED ENROLLMENT

☐ Part Time Student (3-11 hrs)
☐ Full Time Student (12+ hrs)

PHOTO HERE
(not required)

Complete all items in this application, attaching additional pages if necessary. Review the CHECKLISTS and be sure that all required documents are submitted with your application. Contact the Enrollment Office if you have questions or need assistance.

When all application materials have been received, the seminary will contact you to arrange an interview.
**PERSONAL INFORMATION**

NAME  
FIRST  
MIDDLE  
LAST  
SOCIAL SECURITY #  

OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN  

DATE AND PLACE OF BIRTH:  

AGE:  

PRESENT ADDRESS  
STREET  
CITY  
STATE  
ZIP  

PHONES: HOME  
AC/  
WORK  
AC/  
CELL  
AC/  

E-MAIL:  

EMERGENCY CONTACT NAME  
PHONE  
AC/  

ADDRESS  
STREET  
CITY  
STATE  
ZIP  

**ACADEMIC BACKGROUND**

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<th>COLLEGE OR UNIVERSITY</th>
<th>MAJOR</th>
<th>DATES OF ATTENDANCE</th>
<th>GRADUATION DATE</th>
<th>DEGREE GRANTED OR EXPECTED</th>
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SEMINARY/GRADUATE/PROFESSIONAL SCHOOLS

WILL YOU BE REQUESTING TRANSFER CREDIT?  ☐ YES  ☐ NO  IF YES, ATTACH THE APPROPRIATE FORM.

ACADEMIC OR OTHER HONORS, EXTRACURRICULAR ACTIVITIES, PUBLICATIONS

LANGUAGES OTHER THAN ENGLISH (LIST LANGUAGE AND LEVEL OF PROFICIENCY)

HAVE YOU APPLIED (ARE YOU APPLYING) FOR ADMISSION TO OTHER SEMINARIES/GRADUATE SCHOOLS?  ☐ YES  ☐ NO

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<th>NAME OF SCHOOL</th>
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CHURCH AFFILIATION

ALL APPLICANTS:

DENOMINATION __________________________________________ DIocese OR JURISDICTION

PARISH OR CONGREGATION __________________________________________

ADDRESS __________________________________________

BAPTISM ____________________ CONFIRMATION OR ADULT AFFIRMATION ____________

DATE PLACE DATE PLACE

PREVIOUS DENOMINATIONAL AFFILIATION __________________________________________

WORK EXPERIENCE

Provide the following information concerning your last three places of employment: organization or firm / location / dates of employment / position. You may attach your résumé or CV if you prefer.

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

REFERENCES

Please provide the name, address, and telephone number

YOUR PARISH PRIEST/PASTOR __________________________________________

LAY MEMBER OF CONGREGATION __________________________________________

ACADEMIC OR PERSONAL REFERENCE __________________________________________

PAST VOLUNTEER or FIELD EXPERIENCE

Provide a brief explanation of past volunteer and/or field experience in relation to the degree program you are applying for:

1. ____________________________________________________________

2. ____________________________________________________________

If additional space is needed, please continue on a separate sheet of paper.
FINANCIAL

ARE YOU APPLYING FOR FINANCIAL AID?  □ YES □ NO  IF YES, COMPLETE A FINANCIAL AID EVALUATION FORM.
IF NO, PLEASE INDICATE HOW YOU INTEND TO FINANCE YOUR SEMINARY EDUCATION:

□ PERSONAL RESOURCES  □ SUPPORT FROM MY DIOCESE  □ SUPPORT FROM MY PARISH
□ SUPPORT FROM FAMILY AND FRIENDS  □ WORKING SPOUSE  □ OTHER (SPECIFY)

____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

STATEMENT OF WAIVER

I understand that under the provisions of the Family Educational Rights and Privacy Act, as amended, as it applies to admissions files, I have the right to examine letters of reference or reference forms submitted on my behalf, unless I waive that right. I hereby waive that right in connection with this application. I further understand that signing this waiver is in no way a condition of my admission.

________________________________________________________________________
SIGNATURE

DATE

I prefer not to sign the above waiver.

________________________________________________________________________
SIGNATURE

DATE

CERTIFICATIONS

I certify that the information I have provided in this application and in related documents is true and complete and understand that material omissions or inaccurate or misleading information could jeopardize my standing as a prospective student. I understand that all application materials become the property of Seminary of the Southwest.

________________________________________________________________________
SIGNATURE

DATE