Saint Mary Seminary
and Graduate School of Theology

APPLICATION FOR ADMISSION

(Please Print)

Last Name:_____First:_____Middle Initial_____

Street Address:_____City:_____

State:_____Zip Code: _____

Cell/Contact Phone: _____Email: _____

Social Security No.:_____ Birth Date: _____Religion: _____

Current Employment: _____Parish:_____

Program of Study: **Continuing Education** ___ **Master of Arts** ___ **Doctor of Ministry** ___

Education: *Please submit official transcripts of all College, Graduate and Religious Studies work.*

Undergraduate College
Name(s) of Institution(s) and dates of attendance:

_____

_____

_____

College Major: _____ College Minor: _____

Degree and Date: _____

Graduate School:
Name(s) of Institution(s) and dates of attendance:

_____

_____

Major Field: _____Degree and Date: _____

Have you taken the G.R.E. Aptitude Test? Yes ( ) No ( )
If you answered YES, please have the scores forwarded to St. Mary Seminary. If you answered NO, please discuss this with the Academic Dean during your initial appointment.

Person to contact **in case of emergency:**

Name: _____Phone Number(s): _____

_____

Signature: _____ **Date:** _____

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