



**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:** _____