



NON- SEMINARIAN APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Applicants, please complete. For reporting purposes only:

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Ethnic Identification: \_\_\_\_\_ (response voluntary) \_\_\_\_\_

Educational Background

College/University Attended	Dates Attended
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## Educational Intent

Do you intend to take courses for credit? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note information regarding auditing in the Mount Angel Seminary Catalog found on the [website](#).

Some courses, e.g., language courses and fine arts, are not suitable for auditing.

Are you seeking a degree? Yes \_\_\_\_\_ No \_\_\_\_\_

The Master of Arts (Theology) and the Doctor of Ministry are the two degrees Mount Angel Seminary offers for non-seminarian students.

To apply for the MA (Theology) degree, see your academic adviser.

For current information about the Doctor of Ministry, contact the program director, Dr. Shawn Keough: [Shawn.Keough@mtangel.edu](mailto:Shawn.Keough@mtangel.edu), 503-845-3579. A separate DMin application, posted on the [website](#), is required.

The Master of Arts (Theology) degree may be earned with one of two concentrations. If you are seeking the Master of Arts (Theology) degree, which concentration is your preference?

Master of Arts (Theology) with a concentration in Systematic Theology

Master of Arts (Theology) with a concentration in Sacred Scripture

If you are not seeking a degree, please explain:

Are you pr92.806 T10 (o.092 Tw012 Tw .t>>BDC (ou)Tj -0.012k2Tw ( p(a)-012 Tw 0b7.277 )8 (on)g (

## Additional Data

To what neighborhood, civic, social, or service organizations do you belong?

Do you belong to any professional organizations?

How do you plan to finance your education?

Why have you selected Mount Angel Seminary?

References

The applicant will request letters of recommendation, to be sent directly to Mount Angel Seminary, from the following persons:

Pastor/Priest acquaintance/ Religious Superior / Rabbi / Spiritual Director

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ (Home) 1 \_\_\_\_\_

I acknowledge that no material information about me relative to this application has been withheld and that the information I have supplied is correct to the best of my knowledge. I further confirm that I make this application of my own free will.

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Signature of Applicant

Date

Please send the completed application and supporting materials to;

Mr. Terence Merritt, Registrar

Mount Angel Seminary

1 Abbey Drive

St. Benedict, OR 97373

or

[Terence.Merritt@mtangel.edu](mailto:Terence.Merritt@mtangel.edu)

Send letters of recommendation and official transcripts directly to the above address.

