



2481 Como Ave. + St. Paul, MN 55108  
 (651) 641-3469 + FAX (651) 641-3497  
 E-mail: mhayes@luthersem.edu

Luther Seminary's vision is to become an internationally recognized confessional seminary educating leaders for the church in a new era of mission.

**RETURN TO:** Office of International Student Services  
 Luther Seminary  
 2481 Como Ave  
 St. Paul, MN 55108

**I) TOEFL SCORE** \_\_\_\_\_ or **SCHEDULED TOEFL TEST DATE** \_\_\_\_\_  
 (Please provide a copy of the results . You may also include GRE result for MTH or THD degree.)

**II) PERSONAL INFORMATION**

**Full Name** \_\_\_\_\_  
Family Name Christian/Given Name Middle/Other Name

**Birthdate** \_\_\_\_\_ **Birthplace** \_\_\_\_\_ **Citizenship** \_\_\_\_\_  
Month/Day/Year Town / Province / District / Country

**MAILING ADDRESS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERMANENT ADDRESS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PROGRAM DESIRE:**

- |   |   |
|---|---|
| <input type="checkbox"/> Master of Divinity             | <input type="checkbox"/> Masters of Theology  |
| <input type="checkbox"/> Master of Arts                 | <input type="checkbox"/> Doctor of Theology   |
| <input type="checkbox"/> Master of Religious Education  | <input type="checkbox"/> Doctor of Ministry   |
| <input type="checkbox"/> Master of Sacred Music         | <input type="checkbox"/> Special (non-degree)   |
| <input type="checkbox"/> Certificate in Islamic Studies | <input type="checkbox"/> MA/MSW <input type="checkbox"/> MDIV/MSW (Master of Social Work) |

**START DATE:**

\_\_\_\_\_ **Fall** \_\_\_\_\_ **“J”Term** \_\_\_\_\_ **Spring Term** \_\_\_\_\_ **Summer** \_\_\_\_\_  
year year year year



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**CHURCH AFFILIATION INFORMATION**

National Church Membership \_\_\_\_\_ Congregational Membership \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place: \_\_\_\_\_  
Month / Day / Year (Name of Congregation where you were baptized)

Date of Ordination (if applicable) \_\_\_\_\_ Denomination \_\_\_\_\_  
Month / Day / Year

**PASSPORT INFORMATION**

Passport No. \_\_\_\_\_ Issued by \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

**IV) FAMILY INFORMATION**

Marital Status:  Single  Married Date of Marriage \_\_\_\_\_  
(Please check one) (If applicable) Month / Day / Year

**SPOUSE:**

Full Name of Spouse \_\_\_\_\_  
(if applicable) Family Name Christian/Given Name Middle/Other Name

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month / Day / Year Town/Province/District/Country

**CHILDREN:**

	NAME	SEX	DATE OF BIRTH <small>(Month / Day / Year)</small>	PLACE OF BIRTH <small>(Town/Province/Country)</small>	CITIZENSHIP
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**PARENTS: Father** \_\_\_\_\_  
Name Occupation  
**Mother:** \_\_\_\_\_  
Name Occupation



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**V) ACADEMIC INFORMATION** (Including past & present)

	<b>SECONDARY</b>	<b>COLLEGE/UNIVERSITY</b>	<b>OTHER/SPECIAL</b>
Name and Address of School:			
Entrance Date:			
Graduation or Departure Date:			
Degree Received or Credits Earned:			
Field of Specialization (if any):			

**Other Experiences or Training**

\_\_\_\_\_

\_\_\_\_\_

**Profession/Occupation** \_\_\_\_\_

**International Travel or Study Experiences** (Please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV) WORK HISTORY** (begin with most recent position)

<b>Dates of Employment</b>	<b>Title/Position</b>	<b>Organization/Employer</b>	<b>Type of Work</b>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**V) ACTIVITIES & HOBBIES:** List any honors & awards received, publications, volunteer activities, hobbies, etc.

\_\_\_\_\_

\_\_\_\_\_



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**VI) LANGUAGE PROFICIENCY - ANCIENT OR MODERN**

(Evaluate your skill level using the terms - excellent, good, fair, poor)

LANGUAGE	GRAMMAR	READING	WRITING	WRITING	SPEAKING	LISTENING
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**HAVE YOU TAKEN ANY COURSES OR PARTICIPATED IN ANY ACTIVITIES WHERE ENGLISH WAS THE PRIMARY LANGUAGE?** (If yes, when and where)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII) FUTURE EMPLOYMENT**

What is your understanding with your church or institution concerning employment following the completion of study program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VIII) FINANCIAL INFORMATION**

I, \_\_\_\_\_ and/or my sponsor \_\_\_\_\_

Address: \_\_\_\_\_, will be responsible for all cost relating to my study and stay at Luther Seminary. This support shall include: tuition, books, and fees; insurance, housing; and all living expenses. **Sponsor must submit an Affidavit of Support form (I-134) along with this application; student must submit detail bank statement and proof of financial resources.**

I am requesting financial assistance from Luther Seminary \_\_\_\_\_.

**IX) MEDICAL CONDITION**

To the best of your knowledge, are you and the members of your family in good health? (If no, please give details)

\_\_\_\_\_

\_\_\_\_\_

Are you or any member of your family under treatment or observation for any illness or injury? (If yes, please give details)

\_\_\_\_\_

\_\_\_\_\_



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**X) PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

**XI) CONFIDENTIALITY**

Please initial the appropriate box below. We recommend that you initial option one. Doing so enables us to carry out our admission process more effectively.

- \_\_\_\_\_ (1) I waive all rights to read any letters of reference submitted with this application, as provided for in the United States of America Family Educational Rights and Privacy Act of 1974.  
 \_\_\_\_\_ (2) I do **NOT** waive rights of access.

**XII) ANY ADDITIONAL COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

*PLEASE ATTACH A PASSPORT SIZE PHOTOGRAPH HERE*

