



Institute of Lutheran Theology

Office of Admissions  
910 4<sup>th</sup> St.  
Brookings SD 57006  
Phone: (605) 692-9337  
Fax: (605) 692-1460  
admissions@lutheranschooloftheology.org

## Master of Divinity Program Application

### Instructions:

- **COMPLETING THE APPLICATION FORM:** Print in ink (or type) all information. Please complete the entire form.
- **APPLICATION FEE:** A nonrefundable application fee of \$50 is to accompany this form.
- Check or money order is to be made payable to the Institute of Lutheran Theology.
- **OFFICIAL TRANSCRIPTS:** Official Transcripts from ALL universities and colleges attended must be furnished before application can be considered.
- **LETTERS OF REFERENCE:** Please include with this application three letters of reference with one from a Lutheran pastor and, if possible, one from a college instructor. Letters of reference are not required for transfer students.
- **OFFICIAL GRADES** from the Test of English as a Foreign Language (TOEFL) Proficiency Exam are required for International Applicants.
- **A STATEMENT OF FAITH AND DOCTRINE:** Along with the application, the student should attach a five-page (double spaced) statement that briefly describes three key Christian doctrines and their relevance for Christian life and practice today.

The personal information on, or in conjunction with , this form is collected in accordance with the provisions of the Personal Information Protection Act and will be used and disclosed in accordance with the provisions of that Act.

**Applicant Information:**

Name: \_\_\_\_\_  
Last Name (family name)      First      Middle      (Name preferred to be called)

Social Security# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_      Phone # \_\_\_\_\_

Email: \_\_\_\_\_      Cell Phone# \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Present Address (if different from permanent address):

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

Country of Citizenship: \_\_\_\_\_

**Program Information:**

I am applying for:

- On-line Master of Divinity Degree
- Hybrid on-line/residential Master of Divinity Degree

I am applying as a:

- New student
- Transfer student

Term I plan to enroll:

Semester  Fall     Spring     Summer    Year: \_\_\_\_\_

Church Membership:

Home Congregation: \_\_\_\_\_

Congregation Address: \_\_\_\_\_

\_\_\_\_\_

Congregation Phone #: \_\_\_\_\_

Denominational Affiliation: \_\_\_\_\_

Pastors: \_\_\_\_\_

I intend to be a rostered pastor in \_\_\_\_\_

### Education History

College, University, or Graduate School	Years Attended	Major or Concentration	Graduation Date	Degree	Grade Point Average

Have you studied Greek?  Yes, one year completed  Yes, two years completed  No

Have you ever been denied seminary admission, church endorsement, or been expelled from a seminary?  Yes  No

TOEFL Score (for international students only—leave blank if you have not received a TOEFL score yet) \_\_\_\_\_

GRE Score (GRE not required): \_\_\_\_\_

Occupational History and Background

Please list your three most recent employers and positions:

Employer	Employer Address	Position	Dates of Employment

Recent volunteer, service, or related activities:

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Awards and recognitions for academic achievement and service to church and community

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Have you ever been convicted of a felony?  Yes  No

If yes, please explain

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### Names and Contact Information of Three References submitting recommendations

_____	_____	_____	_____
Name	Role/Relation to applicant	Address	Phone
_____	_____	_____	_____
Name	Role/Relation to applicant	Address	Phone
_____	_____	_____	_____
Name	Role/Relation to applicant	Address	Phone

### Acknowledgements:

Please check after reading:

\_\_\_\_\_ The Institute of Lutheran Theology Christ School of Theology is on a path leading to accreditation, but it is currently not an accredited institution. While ILT provides a program consistent with the expectations of ministry, students who seek to transfer out of the program or who seek further graduate work may have difficulty with transfer of credits until after accreditation is secured.

\_\_\_\_\_ The Institute of Lutheran Theology Christ School of Theology currently has limited resources available to aid students with disabilities. Nevertheless, The ILT is eager to work with students and to explore arrangements wherever possible. It is recommended that students contact the ILT independently if they anticipate the need for special arrangements.

### APPLICANT DECLARATION

**Read the Applicant Declaration before signing the Application Form. Your signature must be original and in ink.**

I certify that all the information submitted in this application is true to the best of my knowledge, that statements made in connection with this application are true and complete in all respects and that no information has been withheld. Completion of this application gives express permission to the Institute of Lutheran Theology to request from other institutions my academic transcripts in addition to those already submitted.

I acknowledge that the information contained herein is required to determine my eligibility for admissions. I hereby voluntarily waive any right or privilege to inspect or challenge the content and comment expressed in references given as part of this application procedure. I expect that the observations made shall remain confidential and the property of the Institute of Lutheran Theology.

**Signature**

**Date**



Institute of Lutheran Theology

## Application for Admission Pastor Recommendation

*To be completed by your pastor or other full-time staff member at your home congregation*

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

The Family Education and Privacy Act of 1974 provides applicants the right of access to information provided by their references after the applicants have been accepted by and enrolled at the Institute of Lutheran Theology Christ School of Theology. The law also allows applicants the privilege to waive this right of access, an action that may protect the integrity of recommendations and references. The ILT, however, cannot require an applicant to sign such a waiver, nor can it discriminate in any way against any applicant who does not waive his or her right of access. Please check one:

- I waive my right to review this form.
- I do not waive my right to review this form.

\_\_\_\_\_  
Applicant Signature

The person named above is applying for admission to the Institute of Lutheran Theology Christ School of Theology and has designated you as a reference. We appreciate your taking the time to provide a thoughtful estimate of the applicant's character and potential for ministry in the service of church and community.

1. How long have you known the applicant, and in what capacity?

How would you summarize this person's strengths and areas that require growth?

Would you be comfortable with this person as a member of your staff or as a leader in your church?  
 Yes  No  Unsure (please comment)

Please evaluate the applicant in the following areas by marking the appropriate response:

	<b>Excellent</b>	<b>Very Good</b>	<b>Average</b>	<b>Poor</b>	<b>Not Observed</b>
Christian faith and commitment					
Academic ability					
Effectiveness in communication					
Personal maturity					
Ability to work with others					
Leadership potential					

Do you recommend this person for admission to Institute of Lutheran Theology Christ School of Theology?

Highly recommend  Recommend  Recommend with reservations  Do not recommend

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Position/Title

\_\_\_\_\_  
 Address (street) (city/town) (state) (zip)

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 email

\_\_\_\_\_  
 Signature Date

Thank you for your help in the evaluation process. When completed, please send this form to:

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 910 4<sup>th</sup> Street  
 Brookings SD 57006  
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## Application for Admission Educator or Professional Recommendation

*To be completed by college instructor,  
professional colleague, or another with  
experience to assess academic or professional  
activity*

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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Highly recommend  Recommend  Recommend with reservations  Do not recommend

\_\_\_\_\_  
 Name (please print)

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 Position/Title

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 Address (street) (city/town) (state) (zip)

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## Application for Admission Peer Reference

*To be completed by church congregant,  
colleague, or friend*

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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Leadership potential					

Do you recommend this person for admission to Institute of Lutheran Theology Christ School of Theology?

Highly recommend  Recommend  Recommend with reservations  Do not recommend

\_\_\_\_\_  
 Name *(please print)*

\_\_\_\_\_  
 Position/Title

\_\_\_\_\_  
 Address *(street) (city/town) (state) (zip)*

\_\_\_\_\_  
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