

**MASTER OF DIVINITY PROGRAM
APPLICATION INSTRUCTIONS
ATLANTIC SCHOOL OF THEOLOGY**



The deadline for submission of MDiv application forms and all supporting documents is **March 15** (Summer Distance stream, Summer Term program start date) and **May 1** (campus-based stream, Fall Term program start date). Applications received in full by the applicable application deadline will be automatically considered for entrance scholarships. (There is no separate entrance scholarship application.)

Incomplete application packages will not be processed. Please ensure that the following items are sent – **in one package** – to the Registrar at Atlantic School of Theology by the applicable application deadline.

1. **COMPLETED APPLICATION FORM** - Submit an original, completed Master of Divinity Program application form *in paper format*. You are encouraged to complete the application form using the fillable PDF option. (See instructions to complete the form using fillable PDF below Item 2.) *Do not submit your application form and supporting material electronically.*

2. **APPLICATION FEE** - A \$70 non-refundable application fee must accompany all applications. This fee must be paid in Canadian funds by cheque, money order, bank draft, Visa credit card or MasterCard credit card. Note: Visa debit and MasterCard debit payments are accepted in person only. If paying by credit card, please provide all information requested on the application fee credit card payment form, including the cardholder's signature.

You are encouraged to complete the application fee credit card payment form using the fillable PDF option. (See instructions to complete the form using fillable PDF below.)

Instructions to complete MDiv application form and/or application fee credit card payment form as fillable PDFs:

You will need the latest version of Adobe Reader - <http://get.adobe.com/reader/>. Before completing the applicable form you will need to save the form (PDF format) to a location on your computer by right clicking and selecting "Save As". Once you have saved the form as a PDF to your computer, you are ready to complete the form. Complete the various sections of the form by tabbing through the form. After you have completed the form, save a final version to your computer. Print the form and sign it. **A paper copy of the form must be submitted for the MDiv application process.**

3. **AUTOBIOGRAPHICAL ESSAY** - Write a 3 to 4 page essay describing the development of your spiritual life and faith, your church involvement, how you see your vocation, and your hopes for theological studies.

Ensure you include the following information in the upper left hand corner on the first page of your essay:

"Name"

Autobiographical Essay

"Date"

4. **OFFICIAL TRANSCRIPTS** - Request an **official transcript** for all of your previous and current postsecondary education to be sent to *you* in an envelope stamped or signed and sealed by the issuing university/education institution. Do not open the envelope containing your official transcript. Include all of your official transcripts in their original stamped, sealed envelopes with the application package you submit to the Registrar at Atlantic School of Theology.

5. **LETTERS OF REFERENCE** - Three Letters of Reference are required as part of the Master of Divinity application process. Letters of reference will be treated confidentially. You, the applicant, will ask each of your referees to complete the MDiv Letter of Reference form provided at the end of the MDiv application form document. An individual PDF of the MDiv letter of reference form is also available on the Students page of the AST website: <http://www.astheology.ns.ca/future/application-registration-forms.html>.

It is the applicant's responsibility to distribute the prescribed MDiv Letter of Reference form to individuals you, the applicant, select to be your referees. You may send the prescribed MDiv letter of reference to your referees electronically using the fillable PDF of the MDiv letter provided in this MDiv application form document **or** you may give your referees a paper copy of the MDiv letter of reference.

Send the prescribed MDiv Letter of Reference form to the following referees for completion:

Reference #1: Academic: A person acquainted with your academic work (e.g. – a professor, dean or teacher. If a professor, dean or teacher is not available, you may select someone familiar with your research and/or writing skills.)

Reference #2: Clergy: A pastor, minister or priest closely associated with you.

Reference #3: Personal: A person not related to you who knows you well.

Your referees will complete the prescribed MDiv letter of reference form by hand or electronically (the form provided is a fillable PDF). *Referees must submit an original, paper copy of their letter of reference.* Referees will place their letter of reference in an envelope addressed as follows:

CONFIDENTIAL
Registrar
Atlantic School of Theology

Referees will seal the envelope and sign the back of the sealed envelope. Referees will return their signed, sealed envelope to *you, the applicant*, in another envelope addressed to you. *Do not open the envelope which is addressed to the Registrar and contains your letter of reference.* You, the applicant, will submit all three letters of reference with your MDiv application form.

Submit your application package (Items 1 through 5 above) in paper format in one package by regular mail, by courier or drop off in person to:

**Registrar
Atlantic School of Theology
660 Francklyn Street
Halifax, Nova Scotia B3H 3B5**

The Admissions Committee has the option of requesting an admissions interview with you. The interview may be conducted in person on campus at AST or by video conference. AST will coordinate a suitable interview date, time and location with you.

Your application package will be reviewed by the Admissions Committee and the Academic Dean. You will receive a letter from the Academic Dean confirming your admission (or non-admission) to AST.

For information about or to apply for residence at AST, please visit the Students page on the AST website:
<http://www.astheology.ns.ca/future/application-registration-forms.html>.

If you have questions about these instructions, the Master of Divinity Program application form or the application and/or admission process, please contact the Registrar at registrar@astheology.ns.ca or 902.425.3691.

**MASTER OF DIVINITY PROGRAM
APPLICATION FORM
ATLANTIC SCHOOL OF THEOLOGY**

Name: _____
Last First Middle

Address: _____
Street

City/Town Province Postal Code Country

Email: _____ Phone: _____

Date of birth: ____/____/____
(yyyy) (mm) (dd)

Social Insurance Number: _____
(required for official tax receipt for tuition and/or bursaries)

Gender: () Male () Female () Gender Diverse

Mother Tongue: English French Other _____

Religious denomination or tradition: _____

Do you intend to seek ordination in your religious denomination or tradition? () Yes () No () Undecided

Citizenship: Canadian Other _____

Status in Canada: () Permanent resident () International student Visa Other _____

If you previously attended AST, indicate program(s) and year(s) attended: _____

Are you applying for admission to: () the campus-based stream the Summer Distance stream.

When do you intend to begin the MDiv Program at AST: ____/____
(mm) (yyyy)

Previous Academic Studies:

Indicate all postsecondary institutions attended. Failure to indicate previous attendance at any postsecondary institution will invalidate this application. For additional space, please attach a separate sheet of paper.

All postsecondary (universities, colleges and other institutions of higher learning) attended	Years attended	Area of study	Degree(s) granted

If you completed or are completing some university credits, but not a degree please complete:

All postsecondary (universities, colleges and other institutions of higher learning) attended	Number of Courses/Credits	Area of study	Date Last Attended

If any of your transcript(s) will be issued in a name other than the name you list on page one of this application form, please provide your previous name: _____

Official Transcripts: Submit, with your MDiv application form, one official transcript in its original sealed and signed/stamped envelope issued by each university or postsecondary education institution(s) listed in the table(s) above. (See Application Instructions, Item 4 for details.)

Are you applying for admission without a Bachelor's degree? Yes No

IF NO, please skip to Application Form Page 3 (Letter of Reference section).

IF YES, complete AST's Prior Learning Assessment process. Contact the Academic Office (academic@asttheology.ns.ca) for details. Your Prior Learning Portfolio must be assessed before your MDiv application can be processed.

Prior Learning Portfolio Submission Dates

Intended Start Date for Graduate Studies	Submission Date for Prior Learning Portfolio
Summer Term	February 1
Fall Term	March 15
Winter Term	October 15

Indicate your status in AST's Prior Learning Assessment process:

have not yet contacted the Academic Office

submitted the \$400 Prior Learning Portfolio Processing fee to the Academic Office _____
mm/yyyy

consulted with an AST Prior Learning Assessment advisor _____
mm/yyyy

) submitted Prior Learning Portfolio to the Academic Office _____
mm/yyyy

) received a letter from the Academic Dean regarding your Prior Learning Assessment _____
mm/yyyy

Letters of Reference

Read Application Instructions, Item 5 about arranging for letters of reference.

Please complete in full:

	Reference #1 - Academic	Reference #2 - Clergy	Reference #3 - Personal
Name			
Job Title			
Organization			
Full Mailing Address			
Phone Number			
Email Address			

Regulations relating to all academic matters and student conduct are made by the Board of Governors and the Senate of Atlantic School of Theology. Upon admission, the applicant agrees to comply with AST's Code of Conduct and to abide by all regulations from time to time promulgated by Atlantic School of Theology.

_____ **Applicant Signature**

A \$70 non-refundable application fee must accompany this application form. (Application fee credit card payment form follows on the next page of this document.) Please confirm your payment method:

- (Cheque made payable to Atlantic School of Theology enclosed.
- (Application fee credit card payment form enclosed.
- (Application fee credit card payment processed directly with the AST Business Office on ____/____/____
yyyy mm dd

Submit your application package in *paper format* (application form, \$70 application fee, autobiographical essay, official transcript(s), and three letters of reference) *in one package* by regular mail, by courier or drop off in person to:

**Registrar
Atlantic School of Theology
660 Francklyn Street
Halifax, Nova Scotia B3H 3B5**

If you have questions about the application process, email registrar@astheology.ns.ca.

For Registrar's Office Only

Application package received in full: _____

Application fee received: _____

Application fee sent to Business Office: _____

Application fee processed by Business Office: _____

Notes/follow up: _____

This page is intentionally left blank

**MASTER OF DIVINITY PROGRAM
APPLICATION FEE CREDIT CARD PAYMENT FORM
ATLANTIC SCHOOL OF THEOLOGY**

Option One – Complete this form and include it as a *single* page with your MDiv application package.

Name: _____
Last First Middle

Applicant's phone number: _____

An application fee of \$70 will be processed using the credit card information provided.

(Visa **or** (MasterCard

Credit Card Number _____

Expiry Date: ___/___ CVV _____
mm/yy

Cardholder's Name: _____

Cardholder's Signature: _____

Option Two – Call the AST Business Office at 902-496-7942 to make your payment over the phone.

Note:

- (1) *Visa debit* and *MasterCard debit* payments are accepted in person only at the AST Business Office.
- (2) Credit card information provided on this form will be used for application fee payment only. Payment for tuition and associated fees is submitted during the course registration process.
- (3) Application fee credit card payment forms will be securely destroyed by the Registrar's Office after payment is successfully processed.

For Business Office Only

Amount received: _____

Payment method: _____

Date received: _____

Notes/follow up: _____

RETURN PROCESSED APPLICATION FEE CREDIT CARD PAYMENT FORM TO THE REGISTRAR

This page is intentionally left blank

**MASTER OF DIVINITY PROGRAM
LETTER OF REFERENCE
ATLANTIC SCHOOL OF THEOLOGY**

Applicant's Name: _____
Last First

Referee's name: _____

Position or Title: _____

Organization: _____

Email address: _____

Phone number: _____

The applicant has applied for admission to the Master of Divinity Program at Atlantic School of Theology. The applicant has given your name as a reference. AST appreciates the assistance you provide our Admissions Committee by submitting your letter of reference for the applicant.

All information you provide in this letter of reference will be treated confidentially.

Please complete the following letter of reference form by hand or electronically (the form provided is a fillable PDF).

Instructions to Complete the Letter of Reference as a fillable PDF:

You will need the latest version of Adobe Reader - <http://get.adobe.com/reader/>. Before filling in any information you will need to save the letter of reference form (PDF format) to a location on your computer by right clicking and selecting "Save As". Once you have saved the letter of reference form to your computer as a PDF, you are ready to complete the letter. Complete the various sections by tabbing through the letter. After you have completed the letter, save a final version to your computer. Print the letter and sign it. *A paper copy of the letter of reference must be submitted for the MDiv application process.*

Place an original, signed paper copy of your letter of reference in an envelope addressed as follows:

CONFIDENTIAL
Registrar
Atlantic School of Theology

Seal the envelope and sign the back of the sealed envelope.

Return your signed, sealed envelope to the applicant in an envelope addressed to the applicant. The applicant will submit your letter of reference in its original, sealed envelope addressed to the Registrar at AST with their application form.

1. In what capacity, and for how long, have you been acquainted with the applicant?

2. Please describe the applicant's research and writing abilities.

3. What qualities of mind, spirit, character and leadership do you discern in the applicant?

4. Is the applicant dependable and faithful in carrying out responsibilities? Please provide an example.

5. In what areas does the applicant give evidence of a need for growth or development to prepare for ministry?

6. Is there any other information you wish to share with AST that will assist in making an admission decision?

Date: _____

Signature: _____