



**Application for Admission Master of Theological Studies (MTS)**

Faculty of Theology, USMC

Sheptytsky Institute

PERSONAL INFORMATION: Title: \_\_\_\_\_ (Mr/Ms/Miss/Mrs/Rev/Fr/Sr)

Names provided herein must be identical to legal documents:

Surname/Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Previous surname, if changed: \_\_\_\_\_

Gender  male  female Date of Birth \_\_\_\_\_  
 (MM / DD / YY)

Marital Status:  single  married  Other: \_\_\_\_\_

Religious Denomination:  Roman Catholic  Other: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

If you have been accepted as a candidate for ordination, please name the diocese:  
 \_\_\_\_\_

If you are a member of a religious order/congregation, please provide full name:  
 \_\_\_\_\_

Country of Citizenship:  Canadian  U.S.  Other: \_\_\_\_\_

Canadian, please provide Social Insurance No.

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Non Canadian, please indicate status:

Permanent Resident  Student Visa  Other: \_\_\_\_\_

Correspondence Address:

\_\_\_\_\_  
 (Street Address)

\_\_\_\_\_  
 (City) (Province/State) (Postal/Zip Cd) (Country)

Permanent Address (if different):

\_\_\_\_\_  
 (Street Address)

\_\_\_\_\_  
 (City) (Province/State) (Postal/Zip Cd) (Country)

Telephone No. \_\_\_\_\_  
 (please also provide country code if outside of Canada and U.S.)

Email Address: \_\_\_\_\_

If previously enrolled at University of Toronto, please provide student number:

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Disability/special needs: If you have a physical or sensory disability which might in some way affect your studies or may require special facilities or treatment, please provide information:  
 \_\_\_\_\_  
 \_\_\_\_\_

ADMISSION INFORMATION: Month/Year expecting to start your program: \_\_\_\_\_

Do you intend to pursue another diploma or certificate program concurrently with this program?  No  Yes, if so, please indicate:

Diploma or  Certificate in Eastern Christian Studies

Certificate of Specialization in Theology & Ecology

Other: \_\_\_\_\_

EDUCATIONAL BACKGROUND:

List all post secondary educational institutions attended. (If you have not completed an undergraduate degree please complete Supplemental Information Form A)

1. \_\_\_\_\_  
 Institution

\_\_\_\_\_  
 Dates Attended Degree Obtained

2. \_\_\_\_\_  
 Institution

\_\_\_\_\_  
 Dates Attended Degree Obtained

3. \_\_\_\_\_  
 Institution

\_\_\_\_\_  
 Dates Attended Degree Obtained

4. \_\_\_\_\_  
 Institution

\_\_\_\_\_  
 Dates Attended Degree Obtained

5. \_\_\_\_\_  
 Institution

\_\_\_\_\_  
 Dates Attended Degree Obtained

List other diplomas, certificates, etc. which you hold:

\_\_\_\_\_

\_\_\_\_\_

WORK EXPERIENCE: List your last three salaried positions:

1. \_\_\_\_\_  
 Employer

\_\_\_\_\_  
 Job Title/Description Dates

2. \_\_\_\_\_  
 Employer

\_\_\_\_\_  
 Job Title/Description Dates

3. \_\_\_\_\_  
 Employer

VOLUNTEER EXPERIENCE: List significant non-salaried positions and/or involvement in the past three years:

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The following documentation is required for admission. Please note that no candidate will be considered until all documentation has been received.

1. A completed application form together with a non-refundable fee of Can\$25 payable to the University of St. Michael's College.
2. A letter of intent (see guidance provided below).
3. Official transcripts from all post secondary colleges and universities attended.  
NOTE: Official transcripts and letters of recommendation must be sent directly to the university from the issuing institution. Please also note that electronic submission of these documents is not acceptable.
4. Two letters of recommendation. At least one must be from a present or former instructor or other academic personnel. Candidates for ordination must have one letter from either the Ordinary or Religious Superior.
5. If you do not have a completed undergraduate degree you must fill out Supplemental Information Form A.
6. You may be contacted for a personal interview.

All documentation should be addressed to: **Committee on Admissions and Academic Standing**  
Faculty of Theology, University of St. Michael's College  
81 St. Mary Street, Toronto, ON M5S 1J4

Signature of Applicant : \_\_\_\_\_

Date of Application: \_\_\_\_\_

#### LETTER OF INTENT

In a 1-2 page letter, please be sure to include the following:

- Your name.
- A statement of your motivation, overall goal, and reasons for wanting to pursue the M. T. S. degree.
- What kinds of life experiences (work, church participation, etc) do you bring to your study of theology?
- What is your current understanding of the Catholic intellectual tradition and in what ways do you want to deepen that understanding?
- Identify a few major issues arising in our current cultural context that pose both challenges and opportunities for you in terms of relating cultural context and Christian faith.
- What are some of the gifts and strengths that you would bring to your study? In what ways do you want to further your growth and development from the study of theology?

#### STATISTICAL DATA:

The following data are collected for statistical use only; please complete as much as possible:

How did you first learn about St. Michael's Faculty of Theology?

Personal contact    St. Michael's Grad    St. Michael's student    St. Michael's Professor    Pastor

Other: \_\_\_\_\_

Advertisement:

Diocesan Newspaper    Radio    TV    Other: \_\_\_\_\_

Website:

St. Michael's website    Other website: \_\_\_\_\_    Search engine (phrase used): \_\_\_\_\_

Publication:

St. Michael's Magazine    Brochure    Other: \_\_\_\_\_

Workshop/Seminar: \_\_\_\_\_

Other:

Which of the following encouraged you to apply to St. Mike's? If it is through a personal contact, please provide his/her name:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> St. Mike's Grad                                | <input type="checkbox"/> St. Michael's Faculty     | <input type="checkbox"/> St. Michael's Program Director | <input type="checkbox"/> Friend of St. Michael's (non-alum) |
| <input type="checkbox"/> Priest, sister, layperson in pastoral ministry | <input type="checkbox"/> Faculty of another school | <input type="checkbox"/> Referral                       |   |
| <input type="checkbox"/> Endorsement by bishop/superior/pastor          | <input type="checkbox"/> Campus Visit              | <input type="checkbox"/> Affordability                  | <input type="checkbox"/> Program                            |
| <input type="checkbox"/> Reputation of the Faculty                      | <input type="checkbox"/> Mailing                   | <input type="checkbox"/> Other: _____                   |   |

Name of your contact: \_\_\_\_\_