APPLICATION PROCEDURE

We are pleased that you are interested in applying for admission to Reformed Theological Seminary. This packet will help you in the process. Enclosed you will find all the forms and materials needed to apply. If you have any questions, the Admissions staff will be glad to assist you. Please let us know how we can be of service.

Please note: an online version of the application is available. If you wish to apply online, please go to https://www.rts.edu/onlineapplication.

WHEN TO APPLY

Persons seeking admission should apply no earlier than one year or no later than three months before the semester they expect to enter. Application for our RTS/Virtual campus is unlimited. Master of Theology (Th.M.) and Doctor of Ministry (D.Min.) courses are only offered during the summer and winter terms, therefore students must choose to begin courses during one of those terms. All other applicants may enter at one of four times per year:

1. Summer Term (including Summer Greek)
2. Fall Semester
3. Winter Term
4. Spring Semester

Entry into the Mater of Arts in Counseling (MAC) program is limited to full time applicants in the Summer Term. To see when Applications are due please go to: www.rts.edu/site/rtsnearyou/orlando/mac/mac.aspx.

In addition, applicants to the MAC program should contact the Admissions Office for additional application requirements.

Note: Students seeking admission to the Master of Divinity degree program should normally plan to enroll in Summer Greek, beginning in late July, prior to the first semester of study.

COMPLETING THE APPLICATION FORM

Please complete the application form. On a separate page, please type the following:

1. A comprehensive account of your conversion, your relationship to the Lord Jesus Christ, your understanding of and commitment to historic Christian doctrine (e.g. as summarized in the Apostles Creed and Nicene Creed), and your ministry experience in and/or outside the church (approximately 350-1400 words, double-spaced).

Note: Applicants who do not hold to historic and orthodox Christian doctrine (as summarized for example, in the Apostles Creed and the Nicene Creed) may be admitted as Special Students only (up to 18 hours of courses).

2. A careful explanation of your reasons for wishing to pursue a course of theological study (approximately 350-700 words, double-spaced). (Special Student applicants may omit this essay.) This will not only provide the Admissions Committee with important information about you as a prospective student but will also demonstrate your writing ability.

   Important: If you are applying to the M.A. in Counseling MAC program, complete the following “Addendum for MA/Counseling” instead of the above mentioned essays.

Be sure to also enclose:
3. The appropriate application fee
4. A recent photograph (optional).

ACADEMIC TRANSCRIPTS

Please request that each college or university where you have completed 6 or more semester hours send an official transcript of your work to the Admissions Office.

All transcripts must be sent directly to RTS by each institution, even if the work appears as transfer credit on another transcript.

REFERENCES

Reformed Theological Seminary requires references from your pastor, a former professor and a friend. Please be sure to fill out and sign the top portion on the front page of each reference form before giving it out. Please give each designated reference form directly to those from whom you are requesting a reference. References should be mailed directly to the Admissions Office by the person completing the form.

INTERNATIONAL STUDENTS

Applicants for whom English is a second language must submit a TOEFL score not less than 550 (paper), 213 (computer), or 79-80 (internet) for most Master of Arts and Master of Divinity programs, and no less than 600 (paper), 250 (computer), or 100 (internet) for the Master of Arts in Counseling, Master of Theology, and Doctor of Ministry programs. Those scoring between 550 and 600 are strongly encouraged to attend language training before beginning their academic program of study. Applicants must also provide an educational history as well as documentation of financial support by submitting the International Student Application Supplement. Those who plan to apply for financial assistance from RTS are advised to begin the application process at least 18 months before their intended term.

NOTIFICATION OF ADMISSION

RTS has a rolling admissions policy. That is, as soon as all required application materials are received, the committee will review your file and you will be notified of the decision within 2-4 weeks. If there is any delay in receiving one or more of your required references or transcripts, you will be notified.

FINANCIAL AID

Financial Aid will be awarded only after admission has been granted. For more details on this process, go to: http://www.rts.edu/site/rtsnearyou/orlando/admissions/finances.aspx.

TUITION DEPOSIT

Once your application is approved, you will be asked to pay a non-refundable $200 deposit that will be applied toward your tuition when you register for your first semester. This deposit holds your place in the incoming class and “unlocks” online registration for courses.

OTHER REQUIREMENTS

The Admissions Committee will examine the credentials submitted to determine each applicant’s suitability for admission. Admission may be granted on the basis of these credentials alone, or the Committee may also require one or more of the following:

1. A personal interview
2. An entrance examination in any subject the Committee deems basic to seminary study
3. The Graduate Record Examination
4. A psychological and/or aptitude test
5. A sample research paper

For additional admission information, please consult the RTS catalog.
APPLICATION FOR ADMISSION

RTS ADMISSIONS OFFICE

Return all application forms to:
Reformed Theological Seminary, Admissions Office
1231 Reformation Drive, Oviedo, FL 32765-7197
admissions.orlando@rts.edu

PLEASE SELECT DESIRED DEGREE PROGRAM – RTS/ORLANDO:

☐ Master of Divinity
☐ Master of Divinity Diploma
☐ Certificate in Bible/Theology
☐ Master of Arts (Biblical Studies)
☐ Master of Arts in Counseling
☐ Master of Arts (Theological Studies)
☐ Doctor of Ministry
☐ Master of Theology

SELECT ONE IF APPLICABLE

☐ I am applying as a Special Student. This means I am interested in taking up to 18 credit hours without declaring a degree program.
   Note: The condition is different for Th.M. and D.Min.

☐ I am applying as a Visiting Student (I am a student at another graduate institution and wish to take a course at RTS and transfer the credit to my current degree program).

PLEASE COMPLETE THE APPLICATION BELOW.

Name: ______________________________________________________________________________________________________
First
Middle Initial (if applicable)
Last
Maiden Name (optional): ____________________________________________ Name you prefer: __________________________

Present Address: ______________________________________________________________________________________________
Number & Street City State Zip Country

Permanent Address: ____________________________________________________________________________________________
Number & Street City State Zip Country

Phone Numbers: Home ( _____ ) ____________________________ Work ( _____ ) ____________________________
Cell ( _____ ) ____________________________ Email: ___________________________________

Date of Birth: _______________________________________________ Race (optional): ____________________________
Country of Birth: ____________________________________________ Country of Citizenship: _________________________

Sex: ☐ Male ☐ Female Marital Status: ☐ Not Married ☐ Married–Spouse’s Name __________________

Name(s) & Age(s) of Children: ___________________________________________________________________________________
_________________________________________________________________________________________________________

PRESENCE EMPLOYMENT

Company Name _________________________________________________________________

Position/Occupation ____________________________ Duration in current job ____________________________

Are you a veteran? ☐ No ☐ Yes – Please state military service, dates, ranks: ____________________________________________

A mind for truth. A heart for God.
CHURCH MEMBERSHIP

Name of Church _______________________________________________________________________________________________

Presbytery/Associations (optional) _______________________________________ Specific Denomination ________________

Ministerial Status (if applicable, optional)  ❑ Under Care  ❑ Licensed  ❑ Ordained

Name of body granting this status _________________________________________________________________________________

Do you plan to seek ordination to the pastoral ministry?  ❑ Yes  ❑ No  ❑ Unsure

EDUCATIONAL BACKGROUND

(Applicant is responsible for making sure an official transcript from each school listed below is sent directly from that institution to the RTS Admissions Office.)

College ________________________________________ From/To ___________  Degree _________________________________

College ________________________________________ From/To ___________  Degree _________________________________

College ________________________________________ From/To ___________  Degree _________________________________

Seminary _______________________________________ From/To ___________  Degree _________________________________

Grad School ____________________________________ From/To ___________  Degree _________________________________

Grad School ____________________________________ From/To ___________  Degree _________________________________

Have you previously applied to RTS?  ❑ No  ❑ Yes

Give dates and campus ______________________________________________________________________________________________

Have you previously been enrolled at RTS?  ❑ No  ❑ Yes

Give dates and campus ______________________________________________________________________________________________

Are you applying to another seminary, graduate school or RTS campus?  ❑ No  ❑ Yes

If yes, which one(s)? ________________________________________________________________________________________________

Have you ever been divorced?  ❑ No  ❑ Yes

If yes, please explain. ________________________________________________________________________________________________

Have you ever been refused admittance or re-admittance by school?  ❑ No  ❑ Yes

If yes, please explain. ________________________________________________________________________________________________

Do you have any communicable diseases?  ❑ No  ❑ Yes

If yes, please explain. ________________________________________________________________________________________________

Do you have any health condition that would limit your ability to pursue full-time graduate study?  ❑ No  ❑ Yes

If yes, please explain. ________________________________________________________________________________________________

Have you suffered from any nervous or mental disorder?  ❑ No  ❑ Yes

If yes, please explain. ________________________________________________________________________________________________

Have you ever had extreme financial difficulties or been insolvent or bankrupt?  ❑ No  ❑ Yes

If yes, please explain. ________________________________________________________________________________________________
Have you ever been convicted of a crime or pled guilty to a violation of any federal, state, county, military or municipal laws?  
☐ No  ☐ Yes  (Note: in most jurisdictions, “Driving while intoxicated” (DWI) and “Driving under the influence” (DUI) are criminal offenses.)  
If “yes”, please list the date and place of the offense, the charge and the deposition.  ____________________________________________________  
_______________________________________________________________________________________________________________  

Are there any situations in your life that might make the candidacy for your degree program questionable?   ☐ No  ☐ Yes  
If yes, please explain. ________________________________________________________________________________________________  

EXPECTED ENROLLMENT  
☐ On-campus enrollment date:  __________________________________________________________________________________  
(semester/year)  
☐ Initial enrollment will be in distance education: ___________________________________________________________________  
(month/year)  
If “checked” please indicate anticipated start on campus:  __________________________________________________________  
(semester/year)  

WHEN YOU RETURN THIS FORM, PLEASE ALSO ENCLOSE THE FOLLOWING ITEMS.  
1. A recent photograph with your application. (optional)  
2. Non-refundable application fee: $75 (the special student or visiting student fee is $40)  
By check: make payable to RTS  
By credit card: Please complete the following.  

Amount ___________________________  Credit card type ___________________________  
Credit card # _________________________  Expiration date _________________________  
Name on card _________________________  

IMPORTANT: IF YOU ARE APPLYING TO THE M.A. IN COUNSELING PROGRAM, SKIP THE NEXT 2 ITEMS AND COMPLETE THE FOLLOWING “ADDENDUM FOR MA/COUNSELING” INSTEAD.  
3. Please type a comprehensive account of your conversion, your relationship to the Lord Jesus Christ, your understanding of and commitment to historic Christian doctrine (e.g. as summarized in the Apostles Creed and Nicene Creed), and your ministry experience in or outside the church (approximately 350-1400 words, double-spaced). Note: Applicants who do not hold to historic and orthodox Christian doctrine (as summarized for example, in the Apostles Creed and the Nicene Creed) may be admitted as Special Students only (up to 18 hours of courses).  
4. Please type a careful explanation of your reasons for wishing to pursue a course of theological study (approximately 350-700 words, double-spaced). (Special Students may omit this essay.)  
5. Transcript(s): An official transcript from each institution where 6 or more credit hours have been completed must be mailed directly to RTS Orlando at: Reformed Theological Seminary, 1231 Reformation Drive, Oviedo, FL 32765-7197  
6. References: Distribute the following forms to the appropriate references, instructing them to return the references directly to RTS. Please list the names and phone numbers of the references below. You may also provide email addresses for references and we will send an email to them asking them to complete the reference online. (Special Student applicants submit Pastoral References only.)  

PASTORAL  
Name_____________________________  Phone________________________  Email_________________________  

ACADEMIC  
Name_____________________________  Phone________________________  Email_________________________  

GENERAL  
Name_____________________________  Phone________________________  Email_________________________  

Signature of applicant ___________________________  Date ___________________________  

Reformed Theological Seminary maintains a non-discriminatory admissions policy.
PASTORAL REFERENCE

PASTOR: Please return this form directly to the RTS Admissions Office. Do not return this form to the applicant.

RTS ADMISSIONS OFFICE
Reformed Theological Seminary, Admissions Office
1231 Reformation Drive, Oviedo, FL 32765-7197
admissions.orlando@rts.edu

INSTRUCTIONS TO THE APPLICANT: Please complete the top section of this form before distributing the form.

Name of applicant (please print): _______________________________________________________________

has applied for admission to the ____________________________________________________________ program.

This statement of evaluation will be maintained in confidence by the Reformed Theological Seminary for admission consideration. Under the federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. You have the option to waive your right to access these records.

☐ I waive my right to review this reference.  ☐ I do not waive my right to review this reference.

It is also your option of granting permission for a representative of RTS to contact the reference directly concerning this recommendation.

☐ I grant permission for contact.  ☐ I do not grant permission for contact.

Applicant’s Signature: _____________________________ Date: _________________________________

INSTRUCTIONS TO THE REFERENCE: Please fill in the requested information as you feel qualified. Mail the completed form to the address above. Thank you for your part in this important phase of the applicant’s life.

How long have you known the applicant? _________ In what capacity and how well have you known the applicant? ______________

___________________________________________________________________________________

___________________________________________________________________________________

What are the applicant’s strengths and personal abilities? ______________________________________

___________________________________________________________________________________

___________________________________________________________________________________

List areas in which you feel the applicant may need help as a student. __________________________

___________________________________________________________________________________

___________________________________________________________________________________

What is your perception of the applicant’s commitment to Christ and to Christian living? ______________

___________________________________________________________________________________

___________________________________________________________________________________

What is your perception of the nature and focus of the applicant’s call to Christian service? ______________

___________________________________________________________________________________

___________________________________________________________________________________

(Continued on other side.)
Below are several characteristics that could affect the applicant’s success in graduate studies and his or her subsequent career. Please evaluate the applicant, indicating your degree of support in each area by checking the box to the right of each characteristic listed.

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</tbody>
</table>

What degree of success in graduate school would you predict for the applicant?
- [ ] Below average
- [ ] Average
- [ ] Above average
- [ ] Superior

Please list any reasons why the applicant would be hindered in pursuing a theological degree?

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Please offer additional comments on the applicant’s abilities for graduate studies.

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Overall, I recommend this applicant to Reformed Theological Seminary:
- [ ] With highest endorsement.
- [ ] With an above average endorsement.
- [ ] With an average endorsement.
- [ ] With the following reservation: ________________________________________________________________

- [ ] I do not recommend this applicant for admission at this time.

Your name (Please print) _______________________________ Date __________________________

Title __________________________________________________ Institution ___________________________

Address ________________________________________________________________________________

Daytime phone ____________________________________________________________________________

Signature of reference ____________________________________________________________________

Please mail completed form to RTS, Admissions Office, 1231 Reformation Drive, Oviedo, FL 32765-7197
INSTRUCTIONS TO THE APPLICANT: Please complete the top section of this form before distributing the form.

Name of applicant (please print): _________________________________________________________________________________

has applied for admission to the ________________________________________________________________________ program.

This statement of evaluation will be maintained in confidence by the Reformed Theological Seminary for admission consideration. Under the federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. You have the option to waive your right to access these records.

❑ I waive my right to review this reference.   ❑ I do not waive my right to review this reference.

It is also your option of granting permission for a representative of RTS to contact the reference directly concerning this recommendation.

❑ I grant permission for contact.   ❑ I do not grant permission for contact.

Applicant’s Signature: __________________________________________ Date: ________________________________

INSTRUCTIONS TO THE REFERENCE: Please fill in the requested information as you feel qualified. Mail the completed form to the address above. Thank you for your part in this important phase of the applicant’s life.

How long have you known the applicant? __________________________________________________________________________

In what capacity and how well have you known the applicant? _________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

What are the applicant’s strengths and personal abilities? _____________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

List areas in which you feel the applicant may need help as a student. ___________________________________________________

_____________________________________________________________________________________________________________

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_____________________________________________________________________________________________________________

(Continued on other side.)
Below are several characteristics that could affect the applicant’s success in graduate studies and his or her subsequent career. Please evaluate the applicant, indicating your degree of support in each area by checking the box to the right of each characteristic listed.

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<td>E. Promptness in completing assignment</td>
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Compared with: ________________________________ , (Please indicate reference group: college seniors, first-year graduate students, or other.)

I consider this applicant’s academic ability to be in the:

- [ ] Lowest 25%
- [ ] Middle 50%
- [ ] Upper 25%
- [ ] Upper 10%
- [ ] Upper 1%

Please offer additional comments on the applicant’s suitability for graduate studies.

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Overall, I recommend this applicant to Reformed Theological Seminary:

- [ ] With highest endorsement.
- [ ] With an above average endorsement.
- [ ] With an average endorsement.
- [ ] With the following reservation _______________________________________________

- [ ] I do not recommend this applicant for admission at this time.

Your name (Please print) ____________________________ Date ________________
Title ____________________________________________ Institution ____________________________
Address _________________________________________________________________________________
Daytime phone __________________________________________
Signature of reference ____________________________

Please mail completed form to RTS, Admissions Office, 1231 Reformation Drive, Oviedo, FL 32765-7197
GENERAL REFERENCE

Please return this form directly to the RTS Admissions Office. Do not return this form to the applicant.

RTS ADMISSIONS OFFICE
Reformed Theological Seminary, Admissions Office  800.752.4382
1231 Reformation Drive, Oviedo, FL 32765-7197  TEL 407.366.9493
admissions.orlando@rts.edu  FAX 407.366.9425

INSTRUCTIONS TO THE APPLICANT: Please complete the top section of this form before distributing the form.

Name of applicant (please print):  _______________________________________________________________________________
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How long have you known the applicant? _________ In what capacity and how well have you known the applicant? ______________

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What are the applicant’s strengths and personal abilities?  _____________________________________________________________

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List areas in which you feel the applicant may need help as a student.  ___________________________________________________

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What is your perception of the applicant’s commitment to Christ and to Christian living?  _________________________________

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What degree of success in graduate school would you predict for the applicant?
- [ ] Below average
- [ ] Average
- [ ] Above average
- [ ] Superior

Please list any reasons why the applicant would be hindered in pursuing a theological degree?
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Please offer additional comments on the applicant’s abilities for graduate studies.
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Overall, I recommend this applicant to Reformed Theological Seminary:
- [ ] With highest endorsement.
- [ ] With an above average endorsement.
- [ ] With an average endorsement.
- [ ] With the following reservation: __________________________________________

- [ ] I do not recommend this applicant for admission at this time.

Your name (Please print) ____________________________ Date ____________

Title ____________________________ Institution ____________________________

Address ____________________________

Daytime phone ____________________________

Signature of reference ____________________________

Please mail completed form to RTS, Admissions Office, 1231 Reformation Drive, Oviedo, FL 32765-7197
AFTER YOU APPLY

Applications are received by the Admissions Office throughout the year. However, entry into the programs of the seminary normally occurs in late July (summer Greek), August (Fall Semester), January (Winter Term), February (Spring Semester), and June (first Summer Term). Entry into the Master of Arts in Counseling program is limited to the Summer Term. When an application is received, the following sequence is followed:

1. The Admissions Office will notify the applicant of any outstanding requirements for admission (references, transcripts, etc). However, it will speed up the process if all required items are forwarded promptly. Your application is not considered complete until we possess all required items.

2. Completed applications are reviewed, and admission decisions are made on a continual basis. Applicants will be notified by letter of their admission status immediately after review.

3. An application for financial aid is available following admission. Financial aid grants are awarded on a continual basis according to four review periods: March 1, April 1, May 1 and November 1. Apply early for best chances of aid.

For more information please visit the Orlando Admissions page at: www.rts.edu/site/rtsmearou/orlando/admissions/admissions.aspx

4. Upon receipt of a letter of admission, a letter of intent to register should be forwarded to the seminary along with a $200 tuition deposit.

5. A registration packet will be sent approximately two months prior to the anticipated registration date.

6. Please feel free to direct any questions regarding application and admissions, procedures, transfer credit, medical insurance, payment schedules, employment, financial aid, vocational development or housing to the Admissions Office.

Please direct questions regarding course selection to the Registrar.

For additional questions or to receive further assistance, please contact the Admissions Office at 1.800.752.4382 or locally: 407.366.9493. We will be delighted to help.

Reformed Theological Seminary, Orlando
1231 Reformation Drive, Oviedo, FL 32765-7197
On separate sheets of papers please type your responses (double-spaced) to the questions below. Return this form, signed at the bottom, and your typed responses in an envelope marked “Confidential MAC Addendum” to the Admissions Office at Reformed Theological Seminary by the review deadline.

1. Write a brief autobiography of your life, highlighting major formative events (positive and difficult) and important relationships (family and other). Approximately 400 - 700 words, double-spaced.

2. Describe where you are in your spiritual journey with Jesus Christ.

3. How do you see a counseling degree from RTS helping you reach your long-term professional goals?

4. How do your personal gifts and your vocational background fit with your desire to pursue a degree in counseling?

5. Counseling programs are housed in large universities, small colleges, and professional institutes, both secular and Christian. Why does pursuing a counseling degree at a seminary interest you?

6. At least two years of post-baccalaureate work/life experience is required for admission to the counseling program. Please list your work/life experience with a brief description of your responsibilities.

7. Have you participated in individual, couple and/or group counseling? If yes, what was helpful about this experience? What was not helpful about this experience? How many sessions did you attend?

Have you ever been arrested for sexual or violent conduct?  ❑ No  ❑ Yes

If yes, please explain. __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Have you ever been convicted of a felony?  ❑ No  ❑ Yes

If yes, please explain. __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Have you ever been disciplined in any way by a professional organization or ecclesiastical body for violation of ethical principles?  ❑ No  ❑ Yes

If yes, please explain. __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I certify that the information I am providing is true and correct. I understand that my giving false or misleading information regarding my psychological or legal history is grounds for denial of interview, or dismissal from the program after the interview.

Applicant’s signature: ___________________________________________ Date __________________________
ATLANTA
CHARLOTTE
JACKSON
MEMPHIS
ORLANDO
WASHINGTON DC
VIRTUAL

Reformed Theological Seminary

A mind for truth. A heart for God.