

We're pleased that you're applying to begin theological studies at MTSO.

This form is one of several documents you will need to submit as part of the applications process. Instructions are available on the Admissions page at www.mtso.edu. We ask that you type or print all responses below. An admissions counselor will be in touch with you within one week after receiving your completed application.

Questions? We're happy to help. Please contact the Office of Admissions at admit@mtso.edu or 800-333-6876.

PERSONAL INFORMATION

Ms. Mr. Rev. Dr. Other _____

Name _____
Last First Middle

Prefer to be called

Previous/maiden name

S.S. number _____ Birth date _____
Month/Day/Year

Current address _____

Home phone (_____) _____ Office (_____) _____ Mobile (_____) _____

E-mail _____

On legal documents I am identified as Male Female

Optional:

I describe my gender identity as _____

My pronouns are _____

ACADEMIC INFORMATION

For which program are you applying?

- Certificate in Basic Theological Studies
(Lay Certificate)
- Certificate in Deacon Studies
- Certificate in the United Methodist
Advanced Course of Study
- Occasional Student
- Guest Student

When do you plan to enroll?

- Fall Semester
- Spring Semester
- Summer Term
- January Term
- Year _____

Academic background

Please list information for all post-secondary institutions attended (beyond high school), including any institution where you are currently enrolled. Please note that we require an official transcript. Instructions regarding the transcript are on page 3.

Institution (most recent first)	Location (city and state)	Attendance dates	Degree	Degree received/expected (Mo/Year)	GPA

OTHER INFORMATION

Religious affiliation

Denomination _____

If you are United Methodist, what is your annual conference? _____

Are you in the candidacy process? Yes No

If yes, what stage? Inquiring Exploring Beginning Certified

Local church _____ Pastor's name _____

Church address _____

Optional information

We request racial/ethnic information to aid in our statistical reporting to governmental and accrediting agencies. It will not be used to assess your qualifications for admission. MTSO does not unlawfully discriminate in the administration of its employment, education or admissions policies.

First language (if other than English) _____

Hispanic/Latino? Yes No

Racial/ethnic background White/Anglo/Caucasian Black or African-American

Native American or Alaska Native Asian Native Hawaiian/other Pacific Islander

Two or more races Non-resident alien Other _____

How did you hear about MTSO? _____

If you were referred by an individual, please let us know who _____

Please share anything about your health or physical condition that you believe it would be helpful for us to know.

Would you like to receive information about on-campus housing at MTSO? Yes No

DOCUMENTS

Written statement

We want to know more about you and your thoughts about theological study. Please prepare and submit a personal statement of 200-300 words explaining your academic and vocational goals.

Your statement may be submitted in any of three ways. We prefer an e-mail attachment, but fax and U.S. mail are also accepted.

E-mail: admit@mtso.edu

Fax: 740-362-3133

Mail: Admissions Office

Methodist Theological School in Ohio

3081 Columbus Pike

Delaware, OH 43015

Official transcript

Please note that your transcript must be sent directly from the educational institution via U.S. mail to the mailing address above.

Certificate and occasional students: We require a transcript showing that you have attained, at minimum, an undergraduate degree. Either an undergraduate or graduate transcript fulfills this requirement.

Guest students: We require a transcript from the graduate school at which you are currently enrolled.

SIGNATURE

I have completed this admission application to the best of my knowledge. I hereby apply to be admitted as a student of Methodist Theological School in Ohio. By entering my full name and date below, I affirm that I have completed this application completely and honestly. I understand that misrepresentation or omission of information may result in denial or rescinding of admission.

Full name _____ Date _____

This completes your application. Please send it to us using the mail or fax information under “Written statement” on page 3. An admissions counselor will personally be in touch with you within one week after receiving this application. If you have questions or concerns in the interim, please contact us at admit@mtso.edu or 800-333-6876.