

CROSS-CULTURAL *Urban*  
*Reformed* ECUMENICAL

**McCormick**

MCCORMICK  
THEOLOGICAL  
SEMINARY

## **APPLICATION**

For Student at Large

Admissions Office  
5460 S. University Ave.  
Chicago, IL 60615-5108  
800-228-4687 / 773-947-6314  
FAX: 773-288-2612  
[www.mccormick.edu](http://www.mccormick.edu)

This is an abbreviated application and cannot be used to apply to McCormick Theological Seminary degree programs. Admission as a Student at Large does not serve as admissions into degree programs.

For admissions into McCormick degree programs please contact the admissions office and complete a full Master's Level application.

McCormick Theological Seminary	Application for Student at Large Status ID#	Fees:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Female		
Name (last, first, middle)		Social Security Number
Permanent Address (street)		
City	State	Postal Code
Home Phone	Work Phone	Cell Phone
E-Mail Address		
Date of Birth		Place of Birth
Denomination	Marital Status (optional)	Racial/Ethnic (optional)
Country of Citizenship (please note: international students are ineligible for Special Student Status. Please contact McCormick for a full application).		
<b><u>Reason Applying as Student at Large</u></b>		
<input type="checkbox"/> Course Requirements for Denomination <input type="checkbox"/> Exploring Seminary Education <input type="checkbox"/> Continuing Education Course <input type="checkbox"/> Other _____		
Have you taken previous courses as a Special Student at McCormick?		<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, when? (semester, year)
How many courses do you plan to take as a Student at Large? _____		
<input type="checkbox"/> These courses are for academic grade <input type="checkbox"/> These courses are for audit		
<b><u>Church</u></b>		
Church Name		Denomination
Church Address (city, state, zip)		
<b><u>Employer</u></b>		
Employer Name		Employer Address (city, state, zip)

# BACKGROUND CHECK AGREEMENT & STATEMENT OF INTEGRITY

## Section 1

Seminaries seek to be communities where students, faculty and staff live within a covenant of hospitality, trust, and safety. These covenantal commitments are foundational to the mission of McCormick Theological Seminary, which is to foster academic excellence, formation for Christian ministry, and faithful witness in mission. Furthermore, as seminaries are charged with the preparation of their students for ministry, they also are responsible for students serving in congregations and agencies in which they are placed. Their responsibilities are theological, ethical, and legal. Theologically, seminaries are responsible for creating an environment that nurtures and sustains their objectives of theological education. Ethically and legally, seminaries are responsible if a student's abuse of power or role endangers or violates members of the seminary community or the congregations or agencies in which he or she serves. For these theological, ethical, and legal reasons, McCormick Theological Seminary requires background checks as part of the admissions process for all entering students.

*By signing this agreement, I freely and voluntarily authorize McCormick Theological Seminary and/or its agents to receive a criminal background check that I will provide via Certified Background. \* I understand that a criminal history may not automatically disqualify me from admission to McCormick Theological Seminary.*

*\*Go to [www.certifiedbackground.com](http://www.certifiedbackground.com) and enter the package code MF77 in the "Place Order: field.*

*I also understand that failing to reveal and/or falsifying information relating to my application will result in denial of my application, or revoking of my admission.*

If you carry a criminal history, please initial here:  
(Include an explanation of circumstances with your application.)

Applicant Signature

Date

## Section 2

By the submission of this application, I certify that the information provided is complete and accurate. I acknowledge and agree that misrepresentation of credentials, including submission of inaccurate, falsified, or plagiarized information is sufficient cause for terminating my application, revocation of admission and termination of enrollment. Furthermore, I authorize the persons or entities to provide any relevant information to McCormick Theological Seminary for use in evaluating my application for admission and waive any required notice to me. I understand and agree that all submitted application materials are the property of McCormick Theological Seminary and will not be returned. Also, that the application fee is not refundable under any circumstances.

Applicant Signature

Date

# ACADEMIC OR PROFESSIONAL REFERENCE

**TO THE APPLICANT**

This reference form should be completed by a professor with whom the applicant studied in his or her most recent degree program or a professional supervisor or colleague who is qualified to assess your intellectual ability, critical thinking, research skills and writing ability.

I understand that I waive my right to review this reference.

\_\_\_\_\_  
 Applicant's Signature

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

\_\_\_\_\_  
 Degree Program

**TO THE RECOMMENDER**

This is an important reference for evaluating readiness for graduate study. Your evaluation will be used for the purpose of helping the Faculty Committee on Admissions determine whether the applicant should be admitted to the Seminary. After the Committee has made its decision, this reference and all others submitted on the applicants behalf will be destroyed and, therefore, will not be part of the student's educational record if s/he matriculates at the Seminary. **Please keep a copy of this form for your records and mail the signed original, in a sealed envelope, to the Office of Recruitment and Admissions at McCormick Theological Seminary Please also sign the back of the envelope, where the flap forms the seal. The unbroken seal with your signature ensures the confidentiality of your reference.**

• How long have you known the applicant?  0-1 years  1-3 years  3-5 years  more than 5 years

• What is your overall recommendation for this applicant?

Strongly Recommend

Recommend

Recommend, with reservations (Please include these reservations in your written statement.)

Do not recommend

• Please provide a written evaluation on a separate sheet, attached to this form commenting on the following:

1) How long, how well and in what type of academic / professional setting have you known the applicant?

2) Your candid evaluation of the applicant's:

a. Intellectual ability, critical thinking, research skills and writing ability

b. Any other factors that may determine readiness for graduate study

3) Evaluate the applicant's academic capacity and past academic performance as well as the individual's potential for success in graduate and professional studies. Assess the applicant's strengths and weaknesses, leadership abilities, reaction to stress and usual means of resolving conflict.

• Please evaluate the applicant in the following areas by placing a check in one box per row:

	EXCEPTIONAL	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO ASSESS
INTELLECTUAL ABILITY						
MATURITY						
ABILITY TO WORK WITH OTHERS						
WRITTEN COMMUNICATION						
ANALYTIC ABILITY						
INTEGRITY						
MOTIVATION / INITIATIVE						
ORAL COMMUNICATION						
LEADERSHIP						
JUDGEMENT						

\_\_\_\_\_  
 Signature

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

**Education**

List in chronological order all colleges and universities you have attended, or are presently attending. Indicate degrees earned or expects. Please provide proof of your bachelor degree (**final transcript**)

**Name/Location of Institution**

Dates Attended

Major

Degree or Certificate

GPA

Degree Awarded

**Name/Location of Institution**

Dates Attended

Major

Degree or Certificate

GPA

Degree Awarded

**Name/Location of Institution**

Dates Attended

Major

Degree or Certificate

GPA

Degree Awarded

**Autobiographical Statement**

Please write a one page double spaced essay addressing why you are applying as a Student at Large.

I hereby certify that I have personally completed this application and that all the information contained in it is accurate.

Signature

Date

Please attach your Autobiographical Statement, Transcript (or Transcripts), and an application fee of \$35.

Send the application to:

**McCormick Theological Seminary**

**Admissions Department**

**5460 S. University Ave.**

**Chicago, IL 60615-5108**