



**Saint Mary Seminary
and Graduate School of Theology**

APPLICATION FOR ADMISSION

(This form is fillable. Download, then click in each field to enter information. Tab to the next field. Be sure to SAVE with your name and return to the Registrar: registrar@stmarysem.edu)

Please PRINT clearly

Last Name: _____ First: _____ Middle Initial _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Cell/Contact Phone: _____

Email: _____

Social Security No.: _____ Birth Date: _____ Religion/Parish: _____

Current Employment: _____

Program of Study: **Master of Arts (Theology)** ____ **Doctor of Ministry** ____ **Continuing Education** ____

Master in Diaconal Ministry (Permanent Deacon candidates only) ____

Are you currently a candidate in the **Lay Ecclesial Ministry Program**? ____

Education: *Please submit official transcripts of all College, Graduate and Religious Studies work to the Registrar: registrar@stmarysem.edu*

Undergraduate College

Name(s) of Institution(s) and dates of attendance:

College Major: _____ College Minor: _____

Degree and Date: _____

Graduate School:

Name(s) of Institution(s) and dates of attendance:

Major Field: _____ Degree (letters) and Date: _____

Person to contact **in case of emergency:**

Name: _____ Phone Number(s): _____

Applicant Signature: _____ **Date:** _____
(typed, digital, or written)