



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

APPLICATION FOR ADMISSION

(Please Print)

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)