



Oblate School of Theology
285 Oblate Drive
San Antonio, Texas 78216-6693

www.ost.edu

APPLICATION FOR ADMISSION
DOCTORAL PROGRAM

ANTICIPATED ENTRANCE: January June Year 20____

Type or print clearly using ink.

I. PERSONAL INFORMATION

Full Name _____
 Last (Family) Title First Middle Previous Name (if applicable)

Permanent _____
 Street City State Zip-code

Phone _____
 Home Work Fax E-mail

Local Mailing Address (until _____) _____
 No. & Street City State Zip-code

Social Security Number _____
 (optional)

Date of Birth: _____
 Month ____ Day ____ Year ____

Gender: Male Female

Military Information: Branch _____
 Veteran No Yes
 Educational Benefits No Yes
 What Chapter? _____

City & State of Birth _____ Country of Citizenship _____ Type of U.S. Visa _____
 Do you need the United States Government I.N.S. (Immigration and Naturalization Service) form for non-immigrant full-time students?
 No Yes If you are a transfer from another U.S. school, write name of school _____

Denominational Affiliation: _____
 (Be as specific as possible e.g. American or Southern Baptist, rather than simply Baptist.)

Diocese _____ Religious Congregation _____

Are you a licensed minister? No Yes Are you an ordained minister? No Yes Ordination Date _____

II. MARITAL & FAMILY INFORMATION:

Single Married Divorced Widow(er) Name of Spouse (If applicable) _____

Name of Child(ren)	Dates of Birth Day / Month / Year

III. DOCTOR OF MINISTRY PROGRAM

Specialization: (Specify)

- Spiritual Formation in the Local Community
- U.S. Hispanic / Latino Ministry Pastoral Leadership

Do you speak Spanish? No Yes Write Spanish? No Yes Read Spanish? No Yes

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Have you ever been denied admission by a school? No Yes Have you ever been expelled by a school? No Yes

Have you ever previously made an application (degree or non-degree) to this Graduate School? No Yes When?

IV. EDUCATION

List in chronological order all colleges and universities attended. Official transcripts of all work must be sent to the REGISTRAR'S OFFICE.

<u>Institution</u> UNDERGRADUATE	<u>Date of Attendance</u>		<u>Degree and Major</u>	<u>Date Graduated/Expected</u>
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
GRADUATE				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. REFERENCES:

One or more of the 3 persons listed below should be former supervisor(s) of your ministry within the last 3 years. Complete the top portion of the recommendation forms before giving to recommenders. Provide a stamped, addressed envelope for each recommender. The recommender should send the form directly to:

Registrar's Office, **Oblate School of Theology**, 285 Oblate Dr., San Antonio, TX 78216-6693.

Supervisor/ Superior	Name and Title	No. and Street	City	State	Zip
_____	_____	_____	_____	_____	_____

Academic	Name and Title	No. and Street	City	State	Zip
_____	_____	_____	_____	_____	_____

Your Choice	Name and Title	No. and Street	City	State	Zip
_____	_____	_____	_____	_____	_____

The following optional information is requested only of U.S. citizens and permanent residents. The information on this page is strictly confidential.

1) Are you Hispanic? Yes No

2) If you are NOT Hispanic, mark one or more races to indicate what you consider yourself to be:

- White Black or African American Asian
 American Indian or Alaskan Native Native Hawaiian or other Pacific Islander

Do you have any medical condition or handicap which requires special attention, drugs or equipment, or facility accommodations which would affect your attendance? If yes, what are your specific needs?

I affirm that all the foregoing information is true and correct to the best of my knowledge.

Applicant's Signature

Date