



**NOTRE DAME SEMINARY**  
2901 South Carrollton Avenue  
New Orleans, LA 70118-4391  
(504) 866 – 7426

## APPLICATION FOR ADMISSION

### Master of Arts in Theological Studies

#### I. PERSONAL INFORMATION

*(Please print or type)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden Name (if married) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. or

Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

code \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Social

Security # \_\_\_\_\_

Living Status: (please circle) Married Single Divorced Separated

Race: (please circle) Asian Black Hispanic White Other: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail addresses: Work \_\_\_\_\_

Personal \_\_\_\_\_ Religious Affiliation

\_\_\_\_\_

\_\_\_\_\_ I am a lay person.

\_\_\_\_\_ I am a religious. \_\_\_\_\_ Congregation

Parish \_\_\_\_\_ Pastor \_\_\_\_\_

Street Address of Church \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Parish telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

How long have you been a registered member of this parish? \_\_\_\_\_

**II. TUITION AND FINANCIAL SPONSORSHIP INFORMATION**

Have you received an updated NDS schedule of tuition and fees? \_\_\_\_\_

Are you **currently** actively engaged in ministry in the Archdiocese of New

Orleans? \_\_\_\_\_ Do you intend on applying for the Handing on the Faith (HOF)

Scholarship? \_\_\_\_\_

Will your parish, school or other sponsoring church agency contribute financially to your NDS cost? \_\_\_\_\_

If you answered YES to the above question, have you submitted a FINANCIAL SPONSORSHIP AGREEMENT form from your sponsoring institution? The form can be found at the end of this packet.

**III. EDUCATIONAL BACKGROUND**

School	Degree	Major	Dates attended
			-
			-
			-
			-

*Please list in chronological order all colleges and universities attended.*

Official Transcript(s): All transcripts from colleges, universities and seminaries attended must be sent by their Registrar(s) directly to the Registrar of Notre Dame Seminary.

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**IV. PROFESSIONAL/MINISTRY BACKGROUND**

Employer	City, State	Title/Type of Work	Dates of Employment
			-
			-
			-

*Please list in chronological order positions you have held (full or part-time) over the past seven years.*

**V. ADDITIONAL BACKGROUND**

1. Are currently involved in ministry work (paid or volunteer)? Please describe in some detail.

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2. Participation in the program is a considerable time commitment that involves some weekend and evening hours. Please comment on your ability to commit to the program given your current schedule of responsibilities (personal or professional):

3. The courses at Notre Dame Seminary regularly incorporate digital technology. All courses have a virtual classroom space, and some courses may include video-conferencing or incorporate the use of presentation software into course assignments. Please describe your comfort level using digital technology:

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**VI. PERSONAL STATEMENT**

In 1000 words or less, please describe your interest in pursuing a master’s degree in pastoral leadership at Notre Dame Seminary. Why are you seeking this degree and what are some of your goals if having achieved it?

**VII. WRITING SAMPLE**

Please submit a typed sample of your writing, preferably a sample related to theology. It is also preferable that the writing sample show a basic grasp of research writing and good principles of research (e.g. a term paper, a thesis, etc.). In this regard, please utilize the research methodology to which you are most accustomed (e.g. MLA, APA, Turabian, etc.).

The sample should be a minimum of 3 typed pages. It can be from previous academic coursework or one created for this application.

**VIII. LETTERS OF RECOMMENDATION:**

Letters of Recommendation are needed from three people who can attest to your suitability for graduate theological studies. Recommenders should not be relatives. Letters of Recommendation should be addressed to Director of Lay Programs, but the envelope should be addressed to the Registrar’s Office. Please list the names and contact information of the three people who will write your recommendations.

Name	Position	Address	E-mail/Fax#	Telephone #s: Cell, Home, Work

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**IX. SIGNATURE**

Please return application, official undergraduate transcript(s), and \$40 non-refundable application fee  
(*payable to Notre Dame Seminary*):

Notre Dame Seminary, % MA Office  
2901 South Carrollton Avenue  
New Orleans, LA 70118-4391  
MAoffice@nds.edu  
PHONE: (504) 866-7426, ext. 741, FAX: (504) 866-6260

I affirm that all information provided in this application is true and correct to the best of my knowledge.

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— Applicant Signature

Date

**Misrepresentation of any information on this application  
constitutes grounds for dismissal from NDS.**

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**Financial Sponsorship Agreement**

*(If this agreement is applicable, please have the following form completed and signed by the appropriate party.)*

Candidate Name \_\_\_\_\_

Sponsoring Institution \_\_\_\_\_

Ministry Supervisor Name \_\_\_\_\_

Supervisory Position \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_, on behalf of the following institution, \_\_\_\_\_, agree to sponsor, \_\_\_\_\_, during his/her course of studies in pursuit of the Master of Arts in Theological Studies. I have received the current NDS Tuition/Fee Schedule and agree to a sponsorship of \_\_\_\_\_% per semester. (Note the suggested sponsorship is 25% of reduced tuition rate.) I confirm that I have the authority to make this commitment.

Supervisor/Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Candidate

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Sponsor should receive a copy of this agreement.)*

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### **Recommendation Form**

*(Applicant: Please furnish each reference with a copy of these guidelines.)*

You have been selected as a reference source for the applicant's admission into the Master of Arts in Theological Studies program at Notre Dame Seminary. In your letter of recommendation, please include the following information:

1. How long have you known the applicant?
2. What is the basis for your association with the applicant? (ministry, supervisor, personal, etc)
3. Please name the strengths you have observed in the applicant.
4. Please name anything noted that might limit the applicant's active participation in the MAPL program.
5. Please describe the level of confidence that you would have in recommending the applicant for the study on the graduate level.
6. If you are the authorized representative of the applicant's sponsoring institution, please state if you are aware of the sponsoring institution's portion of program costs?

*Please send your letters of recommendation to:*

Notre Dame Seminary,  
ATTENTION: MA Office  
2901 South Carrollton Avenue  
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