



INTERDENOMINATIONAL THEOLOGICAL CENTER

700 MARTIN LUTHER KING JR. DR.
ATLANTA, GA 30314-4143
404.613.6394

2017 -2018 ADMISSIONS PACKAGE



MISSION STATEMENT

THE INTERDENOMINATIONAL THEOLOGICAL CENTER (ITC) IS A CHRISTIAN AFRICENTRIC ECUMENICAL CONSORTIUM OF SEMINARIES AND FELLOWSHIPS THAT EDUCATES STUDENTS WHO COMMIT TO PRACTICING JUSTICE AND PEACE THROUGH A LIBERATING AND TRANSFORMING SPIRITUALITY TO BECOME LEADERS IN THE CHURCH AND LOCAL/GLOBAL COMMUNITIES.





Welcome

Dear Applicant,

Thank you for your interest in attending the Interdenominational Theological Center (ITC). The following pages include: admission instructions, admission application, letter of recommendation form, denominational endorsement form, and the college record/transcript form.

Feel free to make additional copies of the request for college record if you have attended more than one college/university. Also, note the autobiographical essay should be completed on your own paper.

You may view the catalog and course offerings on our website: www.itc.edu. Please take the time to carefully review the application materials in this packet. Make sure you complete and submit all required documents by the deadline.

If you have any questions regarding the application process, please contact our office at 404.527.7793.

Best wishes!
Office of Admissions & Recruitment
700 Martin Luther King, Jr., Drive, SW
Atlanta, GA 30314
404.527.7793
www.itc.edu

GENERAL INSTRUCTIONS FOR ALL APPLICANTS

APPLICATION

Complete the application form and include the \$50.00 non-refundable application fee.

Deadline

Doctor of Ministry: April 15th
Fall Semester: July 1st
Spring Semester: October 1st

AUTOBIOGRAPHICAL ESSAY

You are required to write an autobiographical essay as part of the admission process which will become the property of the ITC. Please note that this portion of your application is extremely important. We urge you to take care in the preparation of this essay. The Committee reviewing your application will be assisted in its decision by a brief and well-written essay from you. Your essay must be typed and double-spaced, should not exceed four (4) pages, and should include responses to all of the following:

Give a brief but reasonably full account of your life up to the present time. Tell of your own growth and development. Include relationships to family and other significant persons. Describe major experiences that have affected your life and your view of God and the world. Describe your religious background. If you have decided on Christian ministry, what was the process involved in your choice? What was the process involved in your decision to study at the ITC? If you have not decided on Christian ministry, what was the process involved in your decision to study at the ITC? What are your plans beyond seminary?

RECOMMENDATIONS

Your three references should be completed on the recommendation forms provided. If you send the recommendation form with your application, it must be in a sealed envelope with the signature of the person recommending you on the seal flap. Recommendations should be completed by three different persons, preferably a current or former employer, a minister or church official, and a former professor.

DENOMINATIONAL ENDORSEMENT

The denominational endorsement form is very important. Check with your pastor/church leader to ascertain the appropriate church official to complete this form. (Note: The denominational endorsement and ministerial recommendation must come from two different persons.) See instructions on endorsement form for appropriate signature per denomination.

STUDENT HEALTH VERIFICATION

The statement of health is required on the physicians' stationery, with your signature. The report should state physical, mental and emotional health, disabilities and history of communicable diseases. (Please do not send a laboratory report)

TRANSCRIPT REQUEST

A request for transcript(s) should be made to each college or university where you received credits. If you have attended more than one college or university, feel free to make copies of the transcript request form. The transcript(s) should be sent directly to the Office of Admission and should bear an official seal.

FINANCIAL AID

Scholarships are available through the ITC's constituent denominations. Federal funds are available through the ITC Financial Aid Office. Interested students should contact their denominational president/dean concerning denominational aid and submit completed applications to the ITC's Financial Aid Office no later than three months prior to enrollment. For the ITC's financial aid application please contact the Office of Financial Aid at (404) 527-7724.

Applicants for financial aid must complete two financial aid applications. Each applicant must complete The ITC's financial aid application each year and submit it to the institution's Financial Aid Office. In addition, each applicant must complete the Free Application for Federal Student Aid (FAFSA) each year and mail it directly to the Federal Student Aid Programs, according to instructions included with the form. You can apply via the Internet at www.fafsa.ed.gov. This is more efficient. If you applied last year for federal aid, you should have a PIN; if not, please request one prior to making application via the Internet. Note: ITC's FAFSA code is G01568.

TRANSFER APPLICANTS

Have a letter of good standing sent to the Office of Admission from the seminary you attended, along with syllabi of courses completed.

AUDIT/ SPECIAL ENRICHMENT CANDIDATES

You do not need to submit the autobiographical essay, the three letters of recommendation, or the denominational endorsement.

INTERNATIONAL STUDENTS ONLY

If your native language is not English, you are required to take the Test of English as a Foreign Language and Test of Written English (TOEFL) as administered by the Educational Testing Service (ETS) of Princeton, New Jersey. ETS can be contact at (609) 921-9000 and/or etsinfo@ets.org. Their Internet address is www.etc.org and/or www.toefl.org.

Office of Admission and Recruitment Interdenominational Theological Center

700 Martin Luther King, Jr. Drive
Atlanta, GA 30314-4143
Phone: 404.527.7793

Application Reminders:

Have you ...

- Read and filled out the five-page application
- Signed and sent the following to the appropriate people
 - Three Letters of Recommendation
 - Denominational Endorsement
 - Student Health Verification (D.Min. Only)
 - Request for College Record
- Sent your autobiographical essay
- Mailed the \$50 application fee
- Requested your official academic transcript from all work done at each college, university, and seminary in which you have studied for academic credit (Please send certified copies of your academic records with English translation where necessary.)
- Checked the deadlines?

Remember, we cannot evaluate your application until all items are completed!

Interdenominational Theological Center

An Ecumenical Professional Graduate School of Theology

Gammon Theological Seminary Baptist School of Theology Turner Theological Seminary Phillips School of Theology
Johnson C. Smith Theological Seminary Charles H. Mason Theological Seminary Richardson Ecumenical Fellowship

APPLICATION FOR ADMISSION

Please check the program/status for which you are applying:

Type of Admission

- New (First time)
- Transfer (Other Seminary)
- Readmit
- Enrichment/Audit

Degree Programs

- Doctor of Ministry (D.Min.)
- Master of Divinity (M.Div.) On-Line (Distance Learning)
- Master of Divinity (M.Div.)
- Master of Arts in Christian Education (MACE)

Dual Degree Programs

- M. Div. and MACE

Please check the semester for which you are applying: Fall 20__ Spring 20__

Do you plan to enroll: Full-time (12 or more credit hours per semester)
 Part-time (fewer than 12 credit hours per semester)

(Note: International students who will enter the United States on an F-1 Student Visa must enroll in full-time studies.)

YOUR NAME

Name: _____
Last (Family name) First (Given name) Middle Suffix

Other names which appear on your records _____

Preferred name or nickname _____

CURRENT ADDRESS (Use until _____)

Street Address Apartment Number

City State Zip/Postal Code

County Email Address

(____) Home Number (____) Work Number (____) Cell Number

PERMANENT ADDRESS (If different from current address)

Street Address Apartment Number

City State Zip/Postal Code

County Email Address

(____) Home Number (____) Work Number (____) Cell Number

What is your hometown? City _____ State _____

IN CASE OF EMERGENCY

Contact Person _____ Relationship: _____

(____) _____ (____) _____ (____) _____
Home Number Work Number Cell Number

ACADEMIC BACKGROUND

List all the universities and colleges you have previously attended. Begin with the most recent/current.

<u>Institution</u>	<u>Location</u>	<u>Dates</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If additional space is needed, please attach a separate sheet.)

PERSONAL DATA

Date of Birth ____/____/____ Birthplace _____
Month / Day / Year City & State or Country

Are you a US Citizen? Yes No

If you are not a citizen of the United States, list visa type _____

TOEFL (International applicants whose native language is not English)

Please request that ETS send official test results directly to ITC.

Date Taken: _____ Score: _____

ALL APPLICANTS

Do you plan to live on campus? Yes No

Are you capable of performing all functions of a student, or do you have any limitations that would require special accommodations? Explain.

Have you applied to ITC before? Yes No If yes, when? _____ For what program? _____

Status of previous application: Admitted Not Admitted No Decision

ADDITIONAL INFORMATION (This information is used only for statistical reporting and not for admission decisions.)

Gender: Female Male

U.S. citizens and permanent residents only

- Black/African American
- White
- American Indian or Alaskan Native
- Asian or Pacific American
- Hispanic/Latin American
- Other: _____

Marital Status (optional)

- Single
- Married
- Separated
- Divorced
- Widowed

Interdenominational Theological Center

Doctor Of Ministry Applicant's

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Johnson C. Smith Theological Seminary Charles H. Mason Theological Seminary Richardson Ecumenical Fellowship

STUDENT HEALTH VERIFICATION

TO: THE PHYSICIAN

RE: HEALTH STATEMENT FOR: _____

The statement of health is required on the physicians' stationery, with your signature. The report should state physical, mental and emotional health, disabilities and history of communicable diseases.

(Please do not send a laboratory report).

THE INFORMATION SHOULD BE FORWARDED TO:

Office of Admission and Recruitment
Interdenominational Theological Center
700 Martin Luther King Junior Drive SW
Atlanta, Georgia 30314-4143

3. On the basis of your understanding of the program, what are the applicant's areas of special promise as well as of potential difficulty?

4. Summary Statement (Please include your overall assessment of applicant's readiness for this program as well as any additional information you think pertinent to our admission decision.)

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip _____

Occupation: _____

Office in the Church _____

PLEASE SEND THIS COMPLETED FORM BY APRIL 15th TO:

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List relatives who have attended the ITC:

Name	Relationship	Seminary
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY SERVICE

Experience in Armed Forces: Branch _____ Dates _____

Have you applied for veteran educational benefits? Yes No

Veteran's benefit for education remaining (number of months): _____

CONDUCT

Have you ever been expelled or suspended from any school for disciplinary reasons?
 Yes No (If yes, please explain. This does not automatically disqualify you for admission.)

Have you ever been convicted of any criminal offense other than a minor traffic violation?
 Yes No (If yes, please explain the conviction. A conviction does not automatically disqualify you for admission.)

CHURCH AFFILIATION

Full name of denomination: _____

Present local church _____ Location: City _____ State _____

Number of years active in this church _____ in ministry _____

Status in your denomination: Ordained Layperson

Licensed on _____ Date _____ Ordained on _____ Date _____

RECOMMENDATIONS

You are required to have three letters of recommendation for the admission process. Please list those whom you expect to write these recommendations.

Professional (or Character) _____

Ministerial (or Church) _____

Educational _____

WORK EXPERIENCE

List any work experiences. Please list the most recent ones first.

<u>Organization</u>	<u>City/State</u>	<u>Position</u>	<u>Dates Employed</u>

Attach additional pages if more space is needed.

List your accomplishments, i.e., leadership positions, academic honors, prizes, scholarships or fellowships you have received, honor societies in which you have been inducted, special skills, etc.

SIGNATURE

I certify that the foregoing information is correct to the best of my knowledge. I understand that withholding information or giving false information constitutes *prima facie* for denial of admission.

SIGNATURE OF APPLICANT

DATE

Return to: Office of Admission and Recruitment
 Interdenominational Theological Center
 700 Martin Luther King Jr. Drive, SW
 Atlanta, GA 30314-4143
 Phone 404.527.7793
 Email:Admissions@itc.edu

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Doctor Of Ministry Applicant's

Gammon Theological Seminary Baptist School of Theology Turner Theological Seminary Phillips School of Theology
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Ministerial Recommendation

TO: (Referent's Name) _____

(Name of Applicant) _____ is applying for entrance into the Doctor of Ministry Program at Interdenominational Theological Center. The D.Min. Program is designed to continue the education of persons for their ministry in the church and in related institutional settings. The program rests on a base of general theological preparation. It moves toward an area of concentration that permits the student to explore the conjunction of theory, experience, and professional intention in ministry.

As a Doctoral degree, the D.Min. differs from the Ph.D. in its professional character. It is a thirty-six semester hour program, designed to prepare persons for ministries, rather than for research and teaching in institutions of higher education. The primary aim of the D.Min. program, at I.T.C., is to strengthen a student's own ministry of service. We thank you in advance for taking the time to assist us in this important work of theological education.

1. How long, how well, and in what capacity have you known the applicant?

2. Please rate the applicant in the following categories, by placing a circle around the appropriate response:

	Not observed	Excellent	Average	Poor
Intellectual Powers	0	3	2	1
Academic Ability	0	3	2	1
Preaching/Leading Worship	0	3	2	1
Counseling Ability	0	3	2	1
Administrative Ability	0	3	2	1
Capacity for Cooperation	0	3	2	1
Spiritual Maturity	0	3	2	1

3. On the basis of your understanding of the program, what are the applicant's areas of special promise as well as of potential difficulty?

4. Summary Statement (Please include your overall assessment of applicant's readiness for this program as well as any additional information you think pertinent to our admission decision.)

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip _____

Occupation: _____

Office in the Church _____

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Professional Recommendation

To be completed by the applicant

Name of Applicant _____

I am asking _____ to write a letter of reference for me.

I am applying for the _____ degree program.

In accordance with provisions for the Federal Education and Privacy Act of 1974, enrolled students have the right to see their letters of recommendation unless they explicitly waive that right.

I waive my right of access to this recommendation. I do not waive my right of access to this recommendation.

Signature Date Signature Date

_____  _____

How long and in what capacity have you known the applicant? _____

We seek evaluation in the following areas:

1. The applicant's commitment to Christ and the church, and sense of call and purpose
2. The applicant's leadership ability, maturity, relational ability, and sense of self
3. The applicant's intellectual enthusiasm, competence, and critical thinking
4. The applicant's openness to a variety of perspectives

Please comment on as many of the above areas as possible. Refer to specific gifts and limitations rather than giving routine praise. Please attach your letter on your own stationery.

Signed _____ Date _____

Name _____ Position _____
Please type or print

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Educational Recommendation

TO: (Referent's Name) _____

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3. On the basis of your understanding of the program, what are the applicant's areas of special promise as well as of potential difficulty?

4. Summary Statement (Please include your overall assessment of applicant's readiness for this program as well as any additional information you think pertinent to our admission decision.)

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Ministerial Recommendation

(Note: The denominational endorsement and ministerial recommendation must come from two different persons.)

To be completed by the applicant

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Signature Date Signature Date

_____  _____

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3. The applicant's intellectual enthusiasm, competence, and critical thinking
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Please comment on as many of the above areas as possible. Refer to specific gifts and limitations rather than giving routine praise. Please attach your letter on your own stationery.

Signed _____ Date _____

Name _____ Position _____
Please type or print

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I waive my right of access to this recommendation. I do not waive my right of access to this recommendation.

_____ Signature Date		_____ Signature Date
--	---	--

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1. The applicant's commitment to Christ and the church, and sense of call and purpose
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Denominational Endorsement

This certifies that _____
Name of Applicant

of _____
Church Name

an applicant for admission to the Interdenominational Theological Center, is an acceptable
candidate for service in _____
Denomination

His/Her enrollment in the Interdenominational Theological Center is hereby approved.

Remarks: _____

_____	AME.....Bishop
Print Name	Baptist.....Moderator, President, Pastor
_____	CME.....Bishop
Signature	COGIC.....Bishop
_____	Presbyterian.....Bishop
Official Position in the Denomination	UMC.....District Superintendent
	UCC.....Conference Minister

Address _____

City	State	Zip Code
------	-------	----------

Date _____

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