

**University of Dubuque Theological Seminary**

**Admissions Application Packet  
International Studies**



Dear Applicant:

Thank you for your interest in University of Dubuque Theological Seminary. The materials contained in this packet are intended for prospective international students applying for our one-year non-degree Certificate of Study program, or pursuing a Master of Arts in Religion (M.A.R.) degree or a Master of Divinity (M.Div.) degree.

Ordinarily, international applicants will be considered for admission only if they can present evidence of full endorsement of their plan of study by the church (denomination) from which they come. This endorsement shall be in the form of a letter of recommendation from a denominational leader. Such letters must be originals (not copies), signed and dated by the person providing the recommendation. They may be submitted either on the Letter of Recommendation forms provided in this application packet, or on the official letterhead of the person providing the recommendation.

Please take the time to carefully review the application materials contained in this packet and make sure you complete and submit all required documents by the specified deadline date. It is important to note that the Admissions Committee will not review your application until your file is complete.

If you have any questions regarding the application process, please contact our office at 563.589.3112 or 800.369.8387 or e-mail [udtsadms@dbq.edu](mailto:udtsadms@dbq.edu).

## **General instructions for international students**

*All applicants from countries other than the United States or Canada must submit this application.*

Applicants are encouraged to complete the application on or before December 1<sup>st</sup> of the year preceding enrollment. This allows sufficient time for the admissions office to process the U.S. Immigration and Naturalization Service's "I-20" form, which the applicant will then submit to a U.S. embassy or consulate in application for a student visa.

### **Materials required to complete the application process:**

1. UDTS Application for International Students
2. Official transcripts from all post-secondary educational institutions sent directly to UDTS by the post-secondary school, accompanied by a translation in English
3. A letter of recommendation from a senior official of the applicant's denomination
4. A letter of recommendation from a college, university or seminary professor who has taught the applicant
5. A letter of recommendation from an ordained minister
6. A personal 5-7 page, double spaced narrative statement (essay) following the guidelines in Section VIII of the application
7. TOEFL scores (if the applicant's first language is not English) sent directly to UDTS by the testing agency
8. A personal interview is required for admission. Please contact Seminary Admissions at 800.369.8387 to schedule your interview

The University of Dubuque does not discriminate on the basis of race, color, national origin, sex, handicap/disability, or age. Persons having inquiries may contact the Director of Human Resources, University of Dubuque, Smith Hall, 2000 University Avenue, Dubuque, IA 52001-5099



### Family Information

Are you married? \_\_\_\_\_ Yes \_\_\_\_\_ No      Do you have children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Spouse's Name: \_\_\_\_\_

Children's name(s) and ages: \_\_\_\_\_  
\_\_\_\_\_

If single, do you plan to be married before entering UDTS? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the date of your marriage \_\_\_\_\_

*Please Note: We do not anticipate that members of your family or your spouse will accompany you to Dubuque. If you have plans to bring family members to the U.S.A. during the time you are at UDTS, special arrangements must be made.*

\_\_\_\_\_ Check here if you plan to bring family members to the U.S.A. during your time at UDTS.

### Housing Information

Will you apply for UDTS housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please check type below:

\_\_\_\_\_ Furnished townhouse (shared with other students)

\_\_\_\_\_ Three or four bedroom unfurnished Family townhouse

If no, please indicate how you plan to meet your housing needs: \_\_\_\_\_  
\_\_\_\_\_

### Medical Insurance

All UDTS students are required to have medical insurance with both major medical and hospitalization coverage. International Certificate of Study scholarship recipients will have such insurance provided by the seminary as part of their scholarship grant. International applicants providing their own financial resources will need to obtain medical insurance upon arrival in the United States. A special medical insurance policy for international students must be purchased through the University of Dubuque if proof of coverage is not presented.

## **II. English Competence**

The seminary's language of operation is English. International applicants whose native language is not English must demonstrate adequate ability in written and spoken English. This ability is ordinarily demonstrated through a test score of at least 550 (paper-based scoring method), 80\* (Internet based) or 220 (computer-based scoring method) on the Test of English as a Foreign Language (TOEFL). Applicants are expected to arrange to have their TOEFL scores sent directly to the seminary by the testing agency.

Information about TOEFL testing dates and locations in various countries may be obtained from:

Test of English as a Foreign Language

P.O. Box 6151

Princeton, NJ 08541-6151 U.S.A.

Telephone: 609.921.9000

www.toefl.org

Is English your first language? \_\_\_\_\_ Yes \_\_\_\_\_ No      If no, how many years have you studied English? \_\_\_\_\_

Have you taken the TOEFL examination? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what score did you receive and what was the testing method? \_\_\_\_\_ score \_\_\_\_\_ paper-based \_\_\_\_\_ computer-based

Have you taken any other test of English proficiency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what test? \_\_\_\_\_ What score did you receive? \_\_\_\_\_

\_\_\_\_\_ Check here if your college/university instructor recommendation will testify to your ability to communicate effectively in written and spoken English.

\*minimum 19 reading, 19 writing, 21 listening, 21 speaking

### III. Educational Background

List every post-secondary educational institution you have attended, dates of attendance and degrees received.

Transcripts or certificates should be sent directly to UDTS. If the original documents are issued in a language other than English, a certified English translation must also be submitted. No action can be taken on an application until ALL necessary transcripts have been received.

School, College or University	Full Address	Dates Attended	Diploma/Degree

### IV. Ecclesiastical Information

#### Church Membership

Home Church \_\_\_\_\_

Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

#### Professional Relationship to the Church:

Ordained? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date of Ordination \_\_\_\_\_ Number of years in full-time ministry \_\_\_\_\_

If not ordained, are you planning to be ordained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please give the name of the ecclesiastical body to which you are responsible, either as an ordained minister or as a candidate for ordination. Also, please give the name and address of the person in charge of this body.

Name of your ecclesiastical body \_\_\_\_\_  
(Presbytery, Conference, Association, etc.)

Name and title of person in charge \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_ Check here if you do not plan to use your studies at UDTS as preparation for serving the church in your home country. Explain fully in section VIII:2 of this application form.

## V. Work History

Please describe briefly the type(s) of full-time employment you have held, beginning with your current position and working backwards. (Use an additional sheet if necessary.)

Position/Duties	Church/Employer	from (month/year) to (month/year)
Position/Duties	Church/Employer	from (month/year) to (month/year)
Position/Duties	Church/Employer	from (month/year) to (month/year)
Position/Duties	Church/Employer	from (month/year) to (month/year)
Position/Duties	Church/Employer	from (month/year) to (month/year)
Position/Duties	Church/Employer	from (month/year) to (month/year)
Position/Duties	Church/Employer	from (month/year) to (month/year)

## VI. Reference

Please indicate below the names of those people not related to you by blood or marriage who will be sending letters of recommendation on your behalf.

1. A letter from a senior official of your denomination who can speak on behalf of your denomination in recommending you for studies in the United States.

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

2. A letter from a college or university instructor assessing your academic abilities.

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

3. A letter from an ordained minister.

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Please give the enclosed letter of recommendation forms to the above individuals and ask each person to complete the form and send it to the UDTS admissions office. Please complete the top section and read & complete the *Statement of Waiver* section on the letter of recommendation forms before distribution.

## VII. Financial Information

The cost of living and education in the U.S.A. is quite high. To avoid situations of confusion and misunderstanding, we insist that applicants demonstrate adequate financial support: from their own funds, from church or other sources in their home countries, or from UDTS.

Please indicated which scholarship applies to your financial situation:

### UDTS Scholarships

\_\_\_\_\_ Certificate of Study Scholarship:

We offer international students who have completed their Master of Divinity degree or equivalent an opportunity to study at UDTS for one year, after which they will receive a Certificate of Study. One or two scholarships are awarded each year. The scholarship consists of tuition, student fees, books, insurance, room and board for one year. Applicants must demonstrate they have adequate funds to travel to and from the USA for this scholarship.

\_\_\_\_\_ M.A.R./M.Div. Scholarships:

There is limited financial aid offered (usually a 50% tuition scholarship) for international students applying for the M.A.R or M.Div. degree. Students need to show adequate proof of their ability to pay for 50% of their tuition and all of their other expenses including housing, food, insurance, books and other incidental expenses prior to being awarded an "I-20".

### All M.A.R & M.Div. students must complete the following section:

Some international students are supported in their education by funding from personal, church, or government sources. The seminary will require such students to provide documentation of financial support before granting admission and issuing the U.S. Immigration & Naturalization Service's "I-20" form, which is required to obtain a student visa. The amount of documented funding must be adequate to provide for tuition, fees, books, room, board, medical and miscellaneous expenses and travel to and from Dubuque. International students studying in the U.S.A. on an F-1 visa are not ordinarily permitted to seek paid employment.

- \_\_\_\_\_ a. Amount in U.S. dollars you will have available each semester (academic term of four months) \$ \_\_\_\_\_  
Length of time these funds will be available to you: \_\_\_\_\_
- \_\_\_\_\_ b. Check here if you are planning to finance your studies in the U.S. through personal funds and attach documentary evidence (such as bank statements, etc.) indicating the funds available.
- \_\_\_\_\_ c. Check here if you have a grant from a government or other sponsoring agency or a paid study leave and attach official proof.
- \_\_\_\_\_ d. Check here if you are going to receive support from church or private resources. Please have your sponsor complete the following section and submit a signed letter on official letterhead explaining the financial support.

I guarantee to provide \_\_\_\_\_  
(name of applicant)

U.S. \$ \_\_\_\_\_ per semester for \_\_\_\_\_ of study at the University of Dubuque Theological Seminary.  
(amount) (number of semesters)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Sponsor

\_\_\_\_\_ Relationship to Applicant

## VIII. Personal Orientation

Please TYPE or PRINT and attach the following:

1. Autobiographical Statement: A five to seven page narrative statement 10 to 12 point font size (typed and double spaced) that addresses:
  - A. How your faith has developed, including two or three persons or events which shaped your life.
  - B. The development of your sense of call to ministry and why you wish to pursue seminary studies.
  - C. What you look forward to studying, and what kind of service you hope to enter after seminary.
  - D. Your gifts for service to the church, and areas in which you perceive the need for growth.
  
2. In no more than 500 words, write on the following items:
  - A. Tell how you arrived at your decision to pursue graduate studies in theology in the U.S.A.
  - B. Explain what you expect from your studies at UDTS and how your studies at UDTS will be helpful as you minister in your home country.
  - C. Describe what experiences (personal, cultural, etc.) you anticipate adding to our Christian community.
  - D. Please explain fully if there are reasons why you cannot receive comparable training in your own country.

## IX. Signature

I hereby certify that the information I have provided in this application is complete and accurate. I understand that the University of Dubuque Theological Seminary cannot provide me with any financial aid that has not been offered before my arrival. I further understand that misrepresentation in any statement in this application may be considered ground for refusal of admission or for dismissal from the seminary.

---

Date

Signature

**Letter of Recommendation - Senior Official of Denomination**

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Recommended by: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Title or Position \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ What has been your relationship with the applicant? \_\_\_\_\_

Please comment on the applicant's capabilities and whether or not you endorse the applicant entering the Certificate of Study program. We would also appreciate your comments on the overall maturity of the applicant. How do you view him/her emotionally, intellectually and spiritually as these qualities relate to graduate studies in theology? Finally, please comment on strengths, and areas where further growth would be helpful to him/her in ministry. (Please continue on back or attach additional sheets as needed.)

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

Please return this form to: Director of Admission  
University of Dubuque Theological Seminary  
2000 University Avenue  
Dubuque IA 52001-5099

**Statement of Waiver** *(to be completed by Applicant)*

I. Notice. In compliance with the Family Education Rights and Privacy Act passed by Congress in 1974, this letter of recommendation cannot be considered by this institution as confidential without the prior written consent of the applicant. Unless the applicant provides below a written waiver of the right to examine this document, it will be made available to the applicant, upon proper written request, as part of the applicant's official admission file.

II. Waiver. I, \_\_\_\_\_, hereby waive my right to examine at any future time this letter of recommendation, which I understand will become part of my admission file at the University of Dubuque.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Applicant's signature \_\_\_\_\_

**Letter of Recommendation - College or University Instructor**

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Recommended By: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Title or Position \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ What has been your relationship with the applicant? \_\_\_\_\_

Please comment on the applicant's academic abilities. We would also appreciate comments on the overall maturity of the applicant. How do you view him/her emotionally, intellectually and spiritually as these qualities relate to graduate studies in theology? Finally, please comment on strengths and areas where further growth would be helpful to him/her in ministry. (Please continue on the back or attach additional sheets as needed.)

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

Please return this form to: Director of Admission  
University of Dubuque Theological Seminary  
2000 University Avenue  
Dubuque, IA 52001-5099

**Statement of Waiver** *(to be completed by Applicant)*

I. Notice. In compliance with the Family Education Rights and Privacy Act passed by Congress in 1974, this letter of recommendation cannot be considered by this institution as confidential without the prior written consent of the applicant. Unless the applicant provides below a written waiver of the right to examine this document, it will be made available to the applicant, upon proper written request, as part of the applicant's official admission file.

II. Waiver. I, \_\_\_\_\_, hereby waive my right to examine at any future time this letter of recommendation, which I understand will become part of my admission file at the University of Dubuque.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant's signature \_\_\_\_\_

**Letter of Recommendation - Ordained Minister**

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Recommended By: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Title or Position \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ What has been your relationship with the applicant? \_\_\_\_\_

Please comment on the applicant's capabilities and whether or not you endorse the applicant entering the Certificate of Study program. We would also appreciate your comments on the overall maturity of the applicant. How do you view him/her emotionally, intellectually, and spiritually as these qualities relate to graduate studies in theology? Finally, please comment on strengths and areas where further growth would be helpful to him/her in ministry. (Please continue on the back or attach additional sheets as needed.)

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

Please return this form to: Director of Admission  
University of Dubuque Theological Seminary  
2000 University Avenue  
Dubuque, IA 52001-5099

**Statement of Waiver** *(to be completed by Applicant)*

I. Notice. In compliance with the Family Education Rights and Privacy Act passed by Congress in 1974, this letter of recommendation cannot be considered by this institution as confidential without the prior written consent of the applicant. Unless the applicant provides below a written waiver of the right to examine this document, it will be made available to the applicant, upon proper written request, as part of the applicant's official admission file.

II. Waiver. I, \_\_\_\_\_, hereby waive my right to examine at any future time this letter of recommendation, which I understand will become part of my admission file at the University of Dubuque.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant's signature \_\_\_\_\_

## **About The Cover**

### The Lindsay Cross

The Lindsay Cross, the symbol of the office of the Dean of the Seminary and Vice President of the University, is a replica of the cross in the Guy Chapel in Van Vliet Hall. The original cross was donated by Edwin B. Lindsay, a devout elder of First Presbyterian Church, Davenport, Iowa, and a long-time member and chairman of the Board of Directors of the University of Dubuque.

The Celtic cross, with a long history in Ireland and Scotland, symbolizes the redeeming work of Christ and reflects the Christocentric emphasis of the seminary. The circle, connecting the arms of the cross, represents eternity.

In this particular cross, grapevines carved in low relief remind us of Jesus' words recorded in the Gospel of John, "I am the vine, you are the branches. Those who abide in me and I in them bear much fruit, because apart from me you can do nothing."