

Saint Andrew's
Theological College and Seminary

INSTRUCTIONS FOR ADMISSION PACKET

1. Print and complete the Application for Admission in its entirety.
2. Sign the Student Acknowledgement of Policies form.
3. Sign the Release of Liability.
4. Complete the Application Payment form ensuring that you have specified the method of payment for your application to St. Andrew's.
5. Send student copies of transcripts, if available, with the application.
6. Complete the written statement of your Student Goals and send with the application.
7. Send your completed application package to:

SAINT ANDREW'S THEOLOGICAL COLLEGE AND SEMINARY
P. O. Box 1980
Thomasville, NC 27361-1980 USA

Attention: New Student Application

8. Request official transcripts from each college, university, vocational or technical school you have attended to be sent to the address above.

Note: Students who wish to transfer previous college or seminary work to St. Andrew's should include copies student transcripts, if available, with their applications. Provisional acceptance of such transfer credit will be granted pending the receipt of official transcripts by St. Andrew's.

Note: Applicants who are concurrently applying to become a Postulant for ordination in The Orthodox Anglican Church or one of the member churches of the Orthodox Anglican Communion, should also download and complete the Ministerial Application Package available online at <http://orthodoxanglican.net/html/ordination.html>. As official recognition of Postulant status is time-intensive. Applicants are permitted to begin studies at St. Andrew's before such official recognition is extended.



APPLICATION FOR ADMISSION

Date: _____

PERSONAL INFORMATION

Full Name: _____
First Middle Last

Address: _____
Street Address

City State Zip code County

Telephone: Day () - Night: () -

Email address: _____ @ _____

Religious Affiliation: _____ Name, address & telephone of home

parish/church: _____

Rector/Pastor: _____

EDUCATION

List your high school and any college, university, vocational or technical schools or seminaries that you have attended.

Table with 5 columns: Institution Name & Address, Major and Minor fields of study, Years Attended, Degree earned, Units earned. Contains 5 empty rows for data entry.

List any professional licenses or memberships or ordinations to the ministry here:

EMPLOYMENT

Beginning with your most recent position, please complete the following table of your employment history.

Employer Name	Address	Position	Dates of employment	Reason for leaving

OTHER

Have you ever been convicted of a felony or misdemeanor? _____ (If your answer is “yes”, please attach a detailed explanation of the conviction.)

Have you ever served in the United States military? _____ (If your answer is “yes”, please attach a copy of your Discharge, if available.)

DEGREE PROGRAM OF INTEREST

Degree or Certificate desired from St. Andrew's: _____

Date you wish to begin: _____

Signed: _____

Your legal signature

With this application, please write a one- to two-page, double-spaced, typewritten statement as to your reasons, goals, and objectives for seeking admission to and earning a degree from St. Andrew's. Please include any relevant information which will help us to evaluate your suitability for admission to our institution.



STUDENT ACKNOWLEDGEMENT OF POLICIES

- 1. I understand that St. Andrew's Theological College and Seminary reserves the right to refuse admission to any applicant.
- 2. I understand that the academic programs offered by St. Andrew's are primarily designed to train clergy for The Orthodox Anglican Church and the Orthodox Anglican Communion.
- 3. I have read and I understand the position of St. Andrew's Theological College and Seminary regarding governmental educational accreditation, and my application is hereby made in full knowledge of St. Andrew's religious exemption from state licensure under NC GS 115D-88(1).
- 4. I have read the website of St. Andrew's Theological College and Seminary and I understand the contents thereof.
- 5. I understand that certificates, diplomas, degrees, or transcripts will not be issued to students who have not completed payment of their tuition or fees.
- 6. I understand that application fees, registration fees, graduation fees, transcript fees, retreat fees, workshop fees, seminar fees, and tuition payments are nonrefundable.
- 7. I understand that I must contact St. Andrew's Theological College and Seminary at a minimum of once every six months, by letter, e-mail, or fax, regarding the progress of my studies. I understand that if I fail to maintain this contact regarding my student status, I may be administratively dismissed from St. Andrew's, at its discretion, regardless of fees and/or tuition paid by me or owed by me to St. Andrew's.
- 8. I understand that, if I am concurrently applying to become recognized as a Postulant for ordination in The Orthodox Anglican Church in the United States or a member church of The Orthodox Anglican Communion, I will be awarded an immediate ten percent reduction in tuition at St. Andrew's Theological College and Seminary. I further understand that I will have nine (9) months from the date of this Application to complete the process to become an officially recognized Postulant of the same. If I fail to complete this process in the time allotted, St. Andrew's Theological College and Seminary will adjust my tuition rate retroactively to the standard tuition rate in effect at the time of my Application.
- 9. I understand that St. Andrew's Theological College and Seminary may amend these Policies, at the discretion of its administration, with or without notice to me, and that I must abide by any amendments thereof during my tenure as a student.
- 10. I am retaining a copy of this Statement for my records.

Student Name: _____
Printed Name

Student Name: _____
Signature

Date: _____



RELEASE OF LIABILITY

I hereby authorize Saint Andrew's Theological College and Seminary to verify the accuracy of the information that I have provided in this application. I authorize my current and previous employers, church and pastoral references, and the educational institution(s) listed on this application to provide Saint Andrew's Theological College and Seminary information regarding my character, educational, moral, and academic fitness for admission. I waive any right to legal claims against any disclosing person, employer, religious, governmental or educational institution and I hold Saint Andrew's Theological College and Seminary harmless for seeking and using this information to determine my eligibility for admission. I also waive any right I may have to review confidential material or information received by Saint Andrew's Theological College and Seminary from a person, employer, or religious, governmental or educational institution. I understand and agree that Saint Andrew's Theological College and Seminary reserves the right to refuse my admission and that my completion of this application neither guarantees my admission to the institution nor ordination in The Orthodox Anglican Church or the Orthodox Anglican Communion. I understand and agree that my admission fee is non-refundable.

With full knowledge of my rights to inspect and review my educational records in accordance with State and Federal law, especially Section 438 of the General Education Provisions Act, Title IV of Public Law 93-247 as Amended, I do hereby waive, relinquish and disclaim all my rights to inspect and review this Statement of Qualifications. I authorize and extend this waiver to any disclosing person, employer, religious, governmental or educational institution and the recipients, Saint Andrew's Theological College and Seminary, and The Orthodox Anglican Church. Further, I direct that this Release may be used for the purpose for which it is specifically intended.

Student Name: _____
Printed Name

Student Name: _____
Signature

Date: _____

Saint Andrew's

Theological College and Seminary

Personal Data

First Name	MI	Last Name
Mailing Address		
City	State	Zip
(Area Code)	Telephone Number	E-mail Address

Registration and Payment For

Application: \$50

Personal Check
 Money Order
 Certified Check
 Visa
 MasterCard
 American Express

Credit card payments require prior approval when the credit card submitted is issued to someone other than the student.

For Credit Card Payments

(Please Provide the Following Information)

Your Name, as it Appears on the Credit Card
Your 16 Digit Account Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
The Month and Year of the Expiration Date on Your Credit Card
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Your Legal Signature as it Appears on the Back of Your Credit Card