



THE UNIVERSITY OF WINNIPEG

The United Centre for Theological Studies

APPLICATION FOR ADMISSION Master of Arts (Theology)

515 Portage Ave / Wpg., MB / R3B 2E9 / (204) 786 9309
Toll Free (North America): (800) 679 - 8496 /fax: (204) 774-7134
email: d.habtemariam@uwinnipeg.ca / website: theology.uwinnipeg.ca

Processing fee: A \$100.00 Domestic \$120.00 International NON-REFUNDABLE APPLICATION FEE
MUST ACCOMPANY THIS APPLICATION

Send application to Graduate Studies, Room 1BC10A

Dr. Rev. Mr. Ms. Miss Mrs.

Male Female Not Specified

NAME _____
Surname Given Middle (or Initial)

HOME ADDRESS _____
Street City Postal Code

TELEPHONE (HOME) () _____ (WORK) () _____ (FAX) () _____

EMAIL _____ OCCUPATION _____
optional

RELIGIOUS AFFILIATION _____ optional DATE OF BIRTH _____
Month / Day / Year

EDUCATION

School	Degree Earned	Graduation Date

Please include or arrange **official academic transcripts** to accompany this application. Your application cannot be processed without them.

Note to all regarding transcripts: If any documentation submitted is under a different name than your application, "Proof of Name Change" will also be required.

Your language(s) of research:

ENGLISH FRENCH GERMAN SPANISH HEBREW GREEK LATIN

OTHER(s): _____

The Master of Arts degree program admission standards and requirements are located in the UCTS calendar.

DO YOU PLAN TO STUDY: FULL-TIME (18 OR MORE CREDIT HOURS/YEAR)
 PART-TIME (LESS THAN 18 CREDIT HOURS/YEAR)

If you wish to pursue your studies from the perspective of a particular religious or denominational tradition or traditions, please list it here.

Please note that, while students may be eligible for acceptance into the program from the perspective of academic standards, only those whose studies can be supported adequately with existing Faculty resources may be admitted. See The UCTS Calendar for details.

REGISTRATION: Course registration forms are available from The UCTS office 1MS26, on the website, <http://theology.uwinnipeg.ca> or by mail.

REFERENCES: Two confidential letters of reference must be submitted. They should be from two former professors, OR one professor and one professional colleague or supervisor. These letters must be received by the department in envelopes that have been sealed and endorsed by the issuing referees.

PERSONAL STATEMENT: Applicants are required to submit a brief letter of intent. This letter should reflect on your preparation for graduate theological studies and what you hope to learn at The United Centre for Theological Studies. (no longer than two typed pages)

WRITING SAMPLE: Applicants are required to submit an academic writing sample.

DECLARATION – I declare that all statements made with respect to this application are true and complete, that all records are complete and unaltered, and that accepting this declaration permits The University of Winnipeg to request, confirm, and/or share any necessary information with other educational institutions to support my Application. If enrolled in a joint program, I authorize The University of Winnipeg to share my academic record with partner institutions. If accepted to The University of Winnipeg, I agree to follow University regulations.

I accept that misinterpretation, falsification of documents, or the withholding of requested information with respect to this application can result in cancellation of my acceptance and registration or dismissal from the University and that any information on falsifications may be shared with the Association of Registrars of the Universities and Colleges of Canada and/or other post-secondary institutions.

I accept this declaration: *Personal Information collected on this application will be used by The University of Winnipeg for admission, registration, scholarships, awards, student records, alumni services, university research, housing, and other activities related to being a member of the university community. It may also be disclosed to relevant student associations and federal and/or provincial authorities. It is collected under the general authority of The University of Winnipeg Act, in conformity with, and protection under the Manitoba Freedom of Information and Protection of Privacy Act (FIPPA).*

Information Release (Optional)

You may wish to authorize someone to act on your behalf with respect to application status, registrations, financial information/activities, transcripts or graduation. If you wish to designate someone to act on your behalf, please complete the Information Release Form available on the web: <http://www.uwinnipeg.ca/index/services-rcdsforms>

If you have any questions about the collection and the use of this information please contact: Dan Elves, FIPPA and Records Officer, University of Winnipeg, 515 Portage Avenue, Winnipeg, MB. R3B 2E9 204.988-7538, da.elves@uwinnipeg.ca

Date: _____ **Signature of Applicant:** _____

APPLICATION FEE PAYMENT

Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Money Order <input type="checkbox"/>		
VISA <input type="checkbox"/>	Master Card <input type="checkbox"/>	Card Number _____	Expiry Date _____	Signature _____

FOR OFFICE USE ONLY:

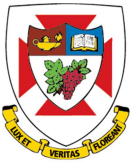
13Jun17

Date Received: _____ Amount: _____ Cash Cheque Receipt #: _____

Student Number _____

Date: _____

Initials: _____



THE UNIVERSITY OF
WINNIPEG

The United Centre for Theological Studies

For candidates for the **Master of Arts (Theology)** Degree

Reference letter number one: Former Professor

I, _____ am inviting you to comment on my current application to enter the Master of Arts (Theology) program, which is an academic pursuit. In your remarks, please consider commenting on the following:

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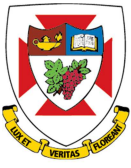
- a description of your connection with me
- my overall maturity and general suitability for theological studies
- particular abilities, experiences or limitations which you feel are pertinent to my pursuit of the Master of Arts (Theology) degree

PLEASE USE SEPARATE LETTERHEAD FOR YOUR SIGNED REFERENCE LETTER.

Please return this reference letter to:

*Graduate Studies Room 1BC10A
University of Winnipeg, 515 Portage Avenue,
Winnipeg, MB R3B 2E9
Telephone: (204) 786-9309
Fax: (204) 774-4134*

Note: Signature is required on Submitted Reference Letter



THE UNIVERSITY OF
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For candidates for the **Master of Arts (Theology)** Degree

**Reference letter number two:
Professional Colleague or Supervisor**

I, _____ am inviting you to comment on my current application to enter the Master of Arts (Theology) program, which is an academic pursuit. In your remarks, please consider commenting on the following:

In your remarks, please consider commenting on the following:

- a description of your connection with me
- my overall maturity and general suitability for theological studies
- particular abilities, experiences or limitations which you feel are pertinent to my pursuit of the Master of Arts (Theology) degree

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