



Application for Non-Degree Admission

Please note that approval of non-degree student status allows students to take courses for up to one year. All responses must be printed or typed.

1. Full Name: _____
Last First Middle

Any other name under which documents may be sent to us or filed?: _____

2. Home Address: _____
Street and Number Apt. City State Zip

3. Telephone: Home (____) _____ Office (____) _____ Mobile (____) _____

4. Email: _____

5. **PERSONAL IDENTIFICATION:** Please complete all information.

Date of Birth: _____ Gender: _____

Social Security Number: _____

Citizenship (country): _____

*For Non U.S. Citizen Only: If you are a Permanent Resident, please state your alien card identification: _____

If you are a Non-Immigrant, please state your visa status: _____

Prominent Ethnic Background: Providing this information is voluntary. The information you choose to provide will be used in a nondiscriminatory manner, consistent with applicable civil rights laws, solely for required reporting under federal and/or state laws.

Please check the number that applies to you: _____ 01 American Indian or Alaska Native _____ 05 White, non-Hispanic
_____ 02 Asian or Pacific Islander _____ 06 Foreign Student, Temporary Visa
_____ 03 Black, non-Hispanic _____ 07 Foreign Student, Refugee Status
_____ 04 Hispanic or Mexican-American _____ 08 Unspecified or Other

6. Have you ever applied for admission to S.M.U.? _____ If yes, please provide the year and semester: _____

SMU ID number if you attended previously or if you are employed by SMU: _____

Application Term: (circle one) Fall / Spring / Summer Year: _____

Location where you desire to take classes: _____ Dallas Campus _____ Houston-Galveston Extension Program

7. **OPTIONAL PERSONAL INFORMATION:** _____
Religious Denomination Annual Conference, Synod, Diocese, Association, Etc.

Local church where you hold membership: _____

Church Address

8. **Write a one-page essay explaining your plans for study at Perkins School of Theology. Describe your interest in theological study, including the specific course(s) for which you plan to enroll and how this coursework relates to your vocational goals or personal enrichment.**

9. LETTER OF RECOMMENDATION

Please distribute the enclosed Letter of Recommendation form to the recommender whom you list below. Please complete the applicant information at the top of the form and remind your recommender that he or she must **complete the recommendation section of the form and return it along with a separate recommendation letter to the Office of Admissions and Financial Aid. Both form and letter are needed.** Relatives will not be accepted as recommenders.

My recommender is: (select one)

_____ Pastor, chaplain or minister of my church

_____ College or university professor well acquainted with my academic work

_____ Person in lay leadership in my church

_____ Employment Supervisor

Name	Position	Church, School or Organization
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IMPORTANT: Please include an unofficial or official copy of your undergraduate transcript along with this application.

I certify that all information given on this application is accurate:

Signature _____ Date _____

SEND ALL APPLICATION MATERIALS TO
Office of Admissions and Financial Aid
Perkins School of Theology
Southern Methodist University
PO Box 750133
Dallas TX 75275-0133
214.768.2293

OVERNIGHT/PHYSICAL ADDRESS
Office of Admissions and Financial Aid
Perkins School of Theology
Southern Methodist University
5915 Bishop Blvd.
Dallas TX 75205
214.768.2293

(Completed application may be faxed to 214.768.4245 or emailed to theology@smu.edu)

Southern Methodist University does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religion, national origin, sex, age, disability, genetic information, or veteran status. SMU's commitment to equal opportunity includes nondiscrimination on the basis of sexual orientation and gender identity and expression. The Director of Institutional Access and Equity has been designated to handle inquiries regarding the nondiscrimination policies and may be contacted at 214.768.3601. Admission as a non-degree/non-major student does not qualify a student for admission to a degree program at SMU

TO THE APPLICANT (Please type or print clearly)

Complete this section, including your signature, before giving the form to your recommender.

Type of reference: ☐ Pastor
☐ Professor/Employer
☐ Lay Leader

NAME Last (Surname)

First

Middle

Confidentiality

Under the provisions of the Family Educational Rights and Privacy Act of 1974, registered students and alumni have access to their educational records, including letters of recommendation for admission. The Act further provides that applicants may waive that right in order to offer confidentiality to those making a recommendation. Please indicate your decision in this matter and sign.

Degree Sought

☐ Master of Divinity ☐ Master of Theological Studies ☐ Master of Church Ministries
☐ Master of Sacred Music ☐ Nondegree Student

☐ I WAIVE ☐ I DO NOT WAIVE any right to access this recommendation form.

SIGNATURE

DATE

TO THE RECOMMENDER (Please attach a separate letter to this form.)

The Admissions Committee at Perkins School of Theology asks that you help us to evaluate this applicant by completing all sections of this reference form, which includes writing a letter of recommendation and attaching it to this form. The committee kindly requires that you submit the recommendation form and letter via regular mail or fax only.

Letter of Recommendation

In your letter, please address the following matters:

Give an account of the applicant's qualifications for graduate theological studies. Describe strengths and weaknesses, considering such things as ability, vocational clarity, integrity and other significant character traits. Indicate any reservations you may have. Include additional comments that you think will be helpful.

For international recommenders, in your letter, please also describe the applicant's willingness to return to his/her home country after completion of a degree program and the type of ecclesiastical service you anticipate for him/her.

Inquiries

1. How long and in what context have you known the applicant? _____

2. Among others with similar skills whom you have known, how would you rank this applicant? _____ Upper 10% _____ Upper 25%
_____ Upper 50% _____ Lower 50%

3. Please rank the applicant	Inadequate	Doubtful	Adequate	Above Average	Exceptional	Unknown
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR NAME Last

First

Title/Position

E-mail

ADDRESS Street

City

State

ZIP/Postal Code

Phone Number

SIGNATURE

DATE

Please return completed form and attached letter directly to

Office of Admissions and Financial Aid, Perkins School of Theology, Southern Methodist University, PO Box 750133, Dallas TX 75275-0133
5915 Bishop Blvd. ■ Dallas TX 75205
214.768.2293 ■ 1.888.THEOLOG(Y) ■ 214.768.THEO ■ Fax: 214.768.4245 ■ smu.edu/perkins