



GRACE COMMUNION SEMINARY Application

Please send a photo

Please email a photo or scan of a government-issued photo ID to registrar@gcs.ambassador.edu. If you do not have a digital copy, send a photo with this application.

This document must be filled in, printed, signed, and mailed, emailed or faxed along with the \$40 application fee (payable by check, money order, or credit card) to Grace Communion Seminary, P.O. Box 5005, Glendora CA 91740-0730. FAX: 626-650-2307. Email: registrar@gcs.ambassador.edu

All accepted applicants will be admitted to **Master's Level Courses**. Students may continue to take courses in this category. Upon registration for the fourth course required for the **Certificate in Theological Studies (CTS)**, students will be enrolled in the CTS. Upon registration for the seventh course required for the **Advanced Diploma in Christian Ministry (ADCM)**, students will be enrolled in the ADCM. Upon completion of the ADCM, students may enroll in the **Master of Pastoral Studies** degree. Please see the GCS website, www.gcs.ambassador.edu, for further information under Description of Programs and matrices for each program.

Legal Name: _____
Last/Family (Enter name exactly as it appears on official documents) First/Given Middle

Preferred Name: _____ Gender: Male Female

Mailing address: _____

City State/Province Country Zip/Postal code

Home phone: _____ E-mail address: _____

Date of birth: _____ Place of birth: _____
mm/dd/yyyy City State/Province Country

Social Security number: _____

Government issued identification (to be used in proctoring examinations). Include a photocopy with this application.

Driver's License Passport Other

Demographic Information:

Marital status: Married Single

Citizenship:

U.S. citizen

Dual U.S. citizen

U.S. permanent resident visa

Alien registration number: _____

Other citizenships: _____

Visa type: _____

U.S. Military veteran? Yes No

Ethnic background: Mark the term(s) with which you most identify yourself.

- | | | |
|---|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> African | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Middle Eastern | |

Educational Data

Secondary or high school from which you graduated: _____
Name of School *Date of graduation (yyyy)*

Check any of the following that apply to your secondary school education:

- Graduated Did not graduate Did not graduate, received GED

List colleges, universities or seminaries you have attended (including technical or military schools):

<i>Name of University</i>	<i>Location</i>	<i>Dates Attended</i>	<i>Degrees Earned</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have an official transcript of the post-secondary institution in which you have received your highest academic degree sent to the following mailing address:

Grace Communion Seminary
P.O. Box 5005
Glendora, CA 91740-0730

(The Seminary's physical address is:
2011 E. Financial Way, Glendora, CA 91741)

Work Experience

List principal employed positions you have held in the last three years:

Ministry Responsibilities

List congregational ministry responsibilities:

Present church affiliation: _____
Church Congregation



Privacy Statement

"Grace Communion Seminary respects your privacy and the privacy and security of the information you provide. The Seminary does not sell, disseminate or disclose to entities outside the Seminary the information you provide. The Seminary may use some of the information you provide to analyze trends and create summary statistics for the Seminary and the accreditation organization, and/or any government report as may be required by law."

Additional Required Information

- Have you ever been found responsible for a disciplinary violation at a post-secondary institution, whether related to academic or behavioral misconduct, that resulted in your probation, suspension or expulsion from the institution?
 Yes No
- Have you ever been convicted of a felony? Yes No

If you answered "yes" to either of the above questions, please attach a separate page that explains the circumstances and approximate date.

Method of Payment: Credit Card Check Money Order
 Mastercard Visa Discover American Express

Credit Card Number	Expiration Date	Total Amount: \$40.00

Cardholder Name (Please Print) Signature (Required)

X

1. The non-refundable \$40 application fee must accompany this printed and signed application form before processing can take place.
2. Submit at least one recommendation from a pastor or professor.

Required signature:

I certify that all information submitted in the admission process, including the application, any supplements, and any supporting materials, is my own work, factually true and honestly presented. I understand that I may be subject to disciplinary action, including dismissal from the program, should the information I've certified be false.

I understand that the Seminary is affiliated with Grace Communion International, a member of the National Association of Evangelicals, and the Church's theology is reflected by the course content.

Handwritten Signature

Date

Grace Communion Seminary is registered with the State of California and allowed to grant religious degrees under CEC Section 94739(b)(6).

Notice of Non-discriminatory Policy as to Students

Grace Communion Seminary admits students of any race, sex, color, creed, age, or national origin to all the rights, privileges, programs and activities generally accorded to or made available to students at the school. It does not discriminate on the basis of race, sex, color, creed, age, or national origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

"For Office Use Only"

Application fee received: _____ Date: _____

Transcripts received: _____
_____ Date: _____

_____ Date: _____

_____ Date: _____

Admitted to Seminary: _____ By: _____ Date: _____

Admitted, second signature: _____ By: _____ Date: _____

Denied admittance: _____ By: _____ Date: _____

Reason: _____