



# HOLY SPIRIT

COLLEGE

Ministräre non Ministräri

## APPLICATION FOR GRADUATE ADMISSIONS

Please return the completed application form and a \$25 application fee made payable to *Holy Spirit College* to:  
ADMISSIONS OFFICE, Holy Spirit College, 4465 Northside Drive, Atlanta, GA 30327

### Applicant Information

Applying for Entry:  Michaelmas (Fall) Semester 20\_\_ /  Easter (Spring) Semester 20\_\_

Program of Interest:  Master's Degree in Theological Studies (M.T.S.)  
 Master's Degree in Theology (M.Th.)

Enrollment Status:  Full Time  Part Time

Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen or Permanent Resident:  Yes  No If no, country of citizenship: \_\_\_\_\_

Visa Status:  U.S. Citizen  U.S. Permanent Resident  Current Alien VISA  
 Would require I20 VISA

Student Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Diaconate  Religious  Consecrated  Laity

Religion:  Practicing Roman Catholic  Other \_\_\_\_\_

### Academic History

College Graduation Date: \_\_\_\_\_ College GPA \_\_\_\_\_

*Please list colleges attended, beginning with the most recent:*

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Degree Completed: \_\_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Degree Completed: \_\_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Degree Completed: \_\_\_\_\_

# Holy Spirit College Application

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*Transfer Students - List all colleges attended, beginning with the most recent:*

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ GPA: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ GPA: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ GPA: \_\_\_\_\_ Area of Study: \_\_\_\_\_

*Please list any academic distinctions received in College:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please discuss your interest in Roman Catholic Theology:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please provide two letters of recommendation from individuals not related to the applicant who have a basis for making such a recommendation (one recommendation must be from an academic source).*

*Please send the above to:*

Office of Admissions  
Holy Spirit College  
4465 Northside Drive, NW  
Atlanta, GA 30327

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### *Additional Information*

Please tell us how you heard about Holy Spirit College: \_\_\_\_\_

### **Statement of Accuracy and Authenticity:**

*The information in this application is complete and accurate to the best of my knowledge. I will notify Holy Spirit College of any changes before and after enrollment.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### POLICY OF NON-DISCRIMINATION

Holy Spirit College admits students without regard to race, color, sex, national or ethnic origin to all the rights, privileges, programs, and other activities generally accorded or made available to students at the school. Priority in admission is given to Roman Catholic students in Communion with the Church. The College does not discriminate on the basis of race, color, religion, sex, national or ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other college-administered programs.