

90 Warren Street, Roxbury, MA 02119  
(617) 427-7293 fax: (617) 541-3432  
www.gordonconwell.edu email: cumeinfo@gcts.edu

## DIPLOMA APPLICATION

### I. Personal Information (Please type or print. See instructions on page 3.)

Name (Last, First, Middle) \_\_\_\_\_

Last name(s) on previous transcripts (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

Preferred E-mail Address \_\_\_\_\_

\_\_\_\_\_ Country \_\_\_\_\_ Effective Until \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ May We Contact You There? \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Residency/ Visa Status \_\_\_\_\_ Alien Registration # \_\_\_\_\_

### II. Diploma Program

Application is being made for the following diploma (check one only):

- Diploma in Urban Ministry                       Diploma in Foundational Christian Studies

### III. When Do You Plan to Enroll on Campus?

(Do not check a box if you are enrolling exclusively in the Semlink or other off-campus programs.)

- Fall Semester, 20\_\_\_\_     Spring Semester, 20\_\_\_\_     January Term, 20\_\_\_\_     Summer, 20\_\_\_\_

### IV. Church Information

Church Name: \_\_\_\_\_ Name of Pastor \_\_\_\_\_

Church Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you (check one):     Staff Member     Member     Regular Attender     Occasional Attender

Specific denominational affiliation of church \_\_\_\_\_

Your specific denominational affiliation \_\_\_\_\_

Provide details if you are licensed or ordained \_\_\_\_\_

90 Warren Street, Roxbury, MA 02119  
(617) 427-7293 fax: (617) 541-3432  
www.gordonconwell.edu email: cumeinfo@gcts.edu

# DIPLOMA APPLICATION

## I. Personal Information (Please type or print. See instructions on page 3.)

Name (Last, First, Middle) \_\_\_\_\_

Last name(s) on previous transcripts (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

Preferred E-mail Address \_\_\_\_\_

\_\_\_\_\_ Country \_\_\_\_\_ Effective Until \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ May We Contact You There? \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Residency/ Visa Status \_\_\_\_\_ Alien Registration # \_\_\_\_\_

## II. Diploma Program

Application is being made for the following diploma (check one only):

- Diploma in Urban Ministry                       Diploma in Foundational Christian Studies

## III. When Do You Plan to Enroll on Campus?

(Do not check a box if you are enrolling exclusively in the Semlink or other off-campus programs.)

- Fall Semester, 20\_\_\_\_     Spring Semester, 20\_\_\_\_     January Term, 20\_\_\_\_     Summer, 20\_\_\_\_

## IV. Church Information

Church Name: \_\_\_\_\_ Name of Pastor \_\_\_\_\_

Church Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you (check one):     Staff Member     Member     Regular Attender     Occasional Attender

Specific denominational affiliation of church \_\_\_\_\_

Your specific denominational affiliation \_\_\_\_\_

Provide details if you are licensed or ordained \_\_\_\_\_

## V. Financial Aid and Housing

Do you plan to apply for financial aid?  Yes  No

If you are accepted at Gordon-Conwell and have checked the "yes" box above, financial aid information will be sent to you upon acceptance.

Although the Boston Campus does not provide housing for students, our staff is often aware of various housing opportunities. Feel free to contact us at any time to discuss housing.

## VI. Educational Information

List every school where at least one course was taken for credit (include GED equivalent if appropriate):

School	State	Date Attended	Degree	Date Awarded/Expected

You must request that each institution send an official transcript of academic work to the Admissions Office at Gordon-Conwell.

If transcripts are sent to you, submit an official unopened copy with your application materials to the Admissions Office.

Do you consider your scholastic records an accurate picture of your academic abilities?  Yes  No (If no, please explain on a separate sheet.)

Have you applied to Gordon-Conwell Theological Seminary previously?  Yes  No If Yes, when? \_\_\_\_\_

## VII. Recommendations

List the name and address of one church or ministry reference as indicated. Please use the recommendation form and return envelope provided for you. Have the completed form sent directly to Gordon-Conwell.

Name	Street Address	City	State	Zip	Phone	Alumnus/a

What person most influenced your decision to apply to Gordon-Conwell?

Name	Street Address	City	State	Zip	Phone	Alumnus/a

## VIII. Work History

(Please attach a resume if available)

Present Occupation \_\_\_\_\_ Organization and Dates \_\_\_\_\_

## IX. Purpose of Study

Write a succinct response to the following question: "Why is it important for me to pursue seminary studies in order to do ministry?" Use additional paper if necessary.

---

---

---

---

---

---

---

---

## X. For International Students

Do you have Permanent Resident status of a country other than that of your citizenship?  Yes  No

If yes, which country? \_\_\_\_\_

If not a U.S. Citizen, what is your visa status?  J1  F1  Other \_\_\_\_\_ Expiration Date \_\_\_\_\_

What is your native language? \_\_\_\_\_

Have you been educated in English from the primary grades through undergraduate studies?  Yes  No

If your native language is not English, and you were not educated in English from the primary grades, you are required to take the TOEFL and Test of Written English (TWE). Scores you provide below are unofficial. Official scores must be sent directly to Gordon-Conwell-CUME by the Educational Testing Service. Our ETS Code is 0200 for Gordon-Conwell-CUME.

Date of test \_\_\_\_\_ TOEFL Score \_\_\_\_\_ TWE Score \_\_\_\_\_

## XI. Check List for a Complete Application

- 1. Completed application.
- 2. Non-refundable fee of \$50. Make checks payable to Gordon-Conwell Theological Seminary.
- 3. One recommendation form.
- 4. Church Endorsement.
- 5. Purpose of Study.
- 6. Immunization Form.
- 7. Transcripts. You must request that each institution send an official transcript of academic work.

Return the application to:

Admissions Office  
Gordon-Conwell Theological Seminary  
Center for Urban Ministerial Education  
90 Warren Street  
Roxbury, MA 02119

Once application materials are submitted to Gordon-Conwell, they become the permanent record and property of the seminary. Submitted application materials will not be returned to applicant.

## XII. Signature

I hereby declare that all information presented in this application is accurate and complete and I agree to abide by the seminary's Community Life Statement and the Basis of Faith as stated in the seminary catalog.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call the Admissions Office at 617-427-7293 or e-mail us at [cumeinfo@gcts.edu](mailto:cumeinfo@gcts.edu).

Gordon-Conwell Theological Seminary does not discriminate on the basis of race, gender, national or ethnic origin, age, handicap, or veteran status. A complete statement of compliance with federal laws and regulations is found in the Gordon-Conwell catalog.

**Gordon-Conwell Theological Seminary**  
Center for Urban Ministerial Education  
90 Warren St., Roxbury, MA 02119

**Official Exemption of Immunization Requirements**

ID# \_\_\_\_\_

I \_\_\_\_\_ (*please print*) hereby request an official exemption to the immunizations required in order to be enrolled at Gordon-Conwell Theological Seminary in accordance with the requirements of the Massachusetts Department of Public Health. I understand the risks involved in not receiving these immunizations and understand that in the event of an outbreak I will be identified and prevented from attending classes or residing at Gordon-Conwell Theological Seminary without receiving the proper immunizations.

**I request this exemption for the following reason (*required*):**

**Medical Exemption**

- For students for whom immunizations are not recommended for medical reasons
- Requires a physician's signature \_\_\_\_\_

**Religious Exemption**

- For students for whom immunizations conflict with sincere religious beliefs

**Pregnancy Exemption**

- For female students who are pregnant or are trying to become pregnant
- Only valid for one year, but can be resubmitted at the end of that year

*If necessary please provide any additional information below:*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*PLEASE RETURN THIS FORM TO THE REGISTRATION OFFICE*

## **Official Decline of Meningococcal Vaccine**

### **What is meningococcal disease?**

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other body organs. In the US, about 2,600 people per year get meningococcal disease and 10-15% die despite receiving antibiotic treatment. Of those who survive, 10% may lose limbs, become deaf, have seizures or strokes, or have other problems with their nervous system.

### **What is *Neisseria meningitidis*?**

There are a number of different subgroups, called “serogroups,” of *N. meningitidis*; 13 of these serogroups are known to be able to cause serious disease in humans, but 5 (A, B, C, Y and W-135) cause most disease. About 5 to 15% of people carry these bacteria in their noses and throats, but do not get sick from them. These people are called “carriers.” In rare cases, the bacteria may get into the blood and travel to other organs, or the tissue surrounding the spine and brain and cause severe illness.

### **What are the symptoms of meningococcal disease?**

Signs and symptoms of meningococcal disease include a sudden onset of fever, stiff neck, headache, nausea, vomiting, and/or mental confusion. Changes in behavior such as confusion, sleepiness, and unresponsiveness are important symptoms of illness. A rash may also be present. Anyone who has these symptoms should be seen by a healthcare provider immediately.

### **How are the bacteria spread?**

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sneezing, coughing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected.

### **Who is at most risk for meningococcal disease?**

People who will be traveling to certain parts of the world where the disease is very common are at risk as are military recruits who live in close contact. Children and adults with damaged or removed spleens or an immune disorder called “terminal complement deficiency” are also at risk. These people should get meningococcal vaccine to protect them. Meningococcal vaccine may also be given during an outbreak situation, which is rare in the United States. People who live in crowded settings, such as college dormitories, are also at greater risk of infection.

### **Are students in college at risk for meningococcal disease?**

College freshmen, in particular those who live in residence halls or dormitories, are at a modestly increased risk for meningococcal disease as compared to individuals of the same age not attending college.<sup>1</sup> The closed setting, combined with high-risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may put college students at a greater risk for infection. All college students and their parents should discuss meningococcal disease and the benefits of vaccination with their healthcare provider.

---

<sup>1</sup> MMWR, Prevention and Control of Meningococcal Disease and Meningococcal Disease and College Students, 49(RR-7); June 30, 2000, 1-20.

**Is there a vaccine against meningococcal disease?**

Yes, there is a vaccine, available in the US that protects against 4 of the 13 serogroups (subgroups) of N. meningitidis that cause serious disease. It is a purified vaccine containing the material that coats the bacteria (capsular polysaccharide). Protection from the meningococcal polysaccharide vaccine is not lifelong. It lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The vaccine is not recommended for children under 2 years of age.

**How complete is the protection with the vaccine?**

The currently available vaccine provides protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the US each year. Most of the remaining one-third of the cases are caused by serogroup B, not contained in the vaccine.

**Is the meningococcal vaccine safe?**

Meningococcal vaccine, like any other vaccine, may cause some minor discomfort (redness and pain) at the injection site, but serious problems such as an allergic reaction are rare. A small percentage of people may develop a fever after the shot.

**Should students receive the meningococcal vaccine prior to entering college?**

Some colleges require meningococcal vaccine for college entry. The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention recommends that providers of medical care to incoming and current college freshmen (in particular, those freshmen who live in residence halls or dormitories) inform students and their parents about meningococcal disease and the benefits of vaccination. ACIP also recommends that vaccination be provided or made easily available to freshmen students wishing to reduce their risk of meningococcal disease. The Massachusetts Department of Public Health encourages vaccination against meningococcal disease for college freshmen, particularly for those who will be living in dormitories or other similar settings.

**Where can a college student get vaccinated?**

If you are a college student and want to be vaccinated with meningococcal vaccine, contact your healthcare provider. In addition, your university or college health services may be able to provide you with vaccine. Healthcare providers may order the vaccine directly from the vaccine manufacturer (Aventis Pasteur, Inc. 1-800-VACCINE).

**Where can I get more information?**

- Your doctor, nurse or health clinic
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at <http://www.mass.gov/dph>
- Your local health department (listed in the phone book under government)

ID# \_\_\_\_\_ Name: \_\_\_\_\_

I have read the above information regarding meningococcal disease and I am aware of all risks involved in not receiving the meningococcal vaccine. I wish to officially decline this vaccination in order to meet the requirement of the Massachusetts Immunization Program of the Massachusetts Department of Public Health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*PLEASE RETURN THIS FORM TO THE REGISTRATION OFFICE*

### Immunization Requirements

Gordon-Conwell students are required to be in compliance with the Massachusetts College Immunization Law of 1985. In order to attend classes, all student (regardless of age) enrolled for course credit must present written documentation from a medical professional proving that they have been properly immunized according to the following state standards:

#### *MMR and MMR Booster*

- ❖ Students must receive one dose of the Measles-Mumps-Rubella vaccine (MMR) and a second dose/booster of the MMR (or just a second dose of a Measles-containing vaccine).
- ❖ You must turn in *two separate dates* that are at least one month apart. It is NOT sufficient for your physician to simply state that a *second* dose of MMR was given on a certain date without also listing the first date; *two separate dates* must be documented.

#### *Hepatitis B*

- ❖ Students must receive a combination of three doses of the Hepatitis B immunization. The second injection must be at least 30 days after the first injection. The third injection must be at least 6 months after the first injection.
- ❖ You must turn in *three separate dates*. It is NOT sufficient for your physician to simply state that a *third* dose of Hepatitis B was given on a certain date without also listing the first and second dates; *three separate dates* must be documented.

#### *Meningococcal*

- ❖ Students must be immunized against meningococcal disease or must read and complete the *Official Decline of Meningococcal Vaccine* form available through the Registration Office, which includes important information regarding meningococcal disease.

#### *Tetanus*

- ❖ Students must receive any combination of three or more doses of DTP, Dt, Td or T, with the last dose being administered *within the last ten years*.
- ❖ If not previously immunized, three doses are required. The time interval between the first and second dose is two months, the third dose being a year later.

**Exceptions** - The required immunizations can only be waived if the Registration Office has the following written verification on file:

- Laboratory evidence of immunity to Measles, Mumps, Rubella, and Hepatitis B
- Medical verification, signed by a physician, that you are not immunized due to health reasons
- Personal letter, with your signature, stating that you are pregnant or trying to become pregnant (valid for one year)
- Personal letter, with your signature, explaining that you are not immunized due to religious reasons

Please retain the top section for your own records and return the completed bottom portion to the Admissions Office.

**IMMUNIZATION FORM** [Doctors, Please Note: These requirements may be more stringent than what you might normally advise, but please understand we must abide by Massachusetts state regulations.]

ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

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

\*MMR (Measles, Mumps, Rubella): Date of Dose 1 \_\_\_\_\_ Date of Dose 2 \_\_\_\_\_

Hepatitis B: Date of Dose 1 \_\_\_\_\_ Date of Dose 2 \_\_\_\_\_ Date of Dose 3 \_\_\_\_\_

Meningococcal: Date of Dose \_\_\_\_\_

Tetanus-Diphtheria: Date of Booster \_\_\_\_\_ Please attach any necessary lab reports, letters, etc. to this form

Signature of Physician or Nurse: \_\_\_\_\_

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

Please contact the Admissions Office at 1-617-427-7293 with any questions.

# Gordon-Conwell Theological Seminary - Boston

Center for Urban Ministerial Education  
Centro para la Educación Ministerial Urbana

90 Warren Street, Roxbury, MA 02119  
(617) 427-7293 fax: (617) 541-3432  
www.gordonconwell.edu email: cumcinfo@gcts.edu

## RECOMMENDATION

Mail to: Office of Admissions, Gordon-Conwell Theological Seminary  
90 Warren Street, Roxbury, MA 02119

### To Be Completed By The Applicant

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Degree program applied for \_\_\_\_\_ Session/Year applied for \_\_\_\_\_

The Admissions Office would appreciate an evaluation from you concerning the applicant named above. This confidential recommendation will be destroyed prior to the applicant's matriculation if he or she is admitted. Please honestly complete the front and back of this form.

1. How long have you known the applicant? \_\_\_\_\_ How well? \_\_\_\_\_

2. What is the nature of your relationship?  Pastor  Teacher  Friend  Mentor  
 Colleague  Employer  Other \_\_\_\_\_

3. How would you assess the applicant's abilities in the following areas?

	Not Observed	Weak (lower 25%)	Fair (lower 50%)	Average (top 50%)	Good (top 20%)	Outstanding (top 10%)
Intellectual ability						
Ability to work with others						
Interpersonal skills						
Christian character						
Church involvement						
Maturity						
Teachability						
Humility						
Integrity						
Intellectual curiosity						
Reliability/Responsibility						
Written communication skills in English						
Oral communication skills in English						
Perseverance						
Leadership skills						
Ministry potential						

Do you have any reservations with regard to the applicant's decision to pursue seminary education at this time in his/her life?

Yes (please comment on a separate sheet)       No

Please comment on your perception of the applicant's strengths and weaknesses, readiness to begin seminary study and overall potential for Christian ministry. If there is additional information which you think will assist us in the evaluation process, please provide such information on a separate sheet.

### Summary

Do not recommend    Recommend with reservations    Recommend with confidence    Recommend with enthusiasm

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Gordon-Conwell Alumnus/a?    Yes    No

Position \_\_\_\_\_ Organization/ Church \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

May we contact you for further information or clarification if needed?    Yes    No

Gordon-Conwell Theological Seminary does not discriminate on the basis of race, gender, national or ethnic origin, age, handicap, or veteran status. A complete statement of compliance with federal laws and regulations is found in the Gordon-Conwell catalog.

# Gordon-Conwell Theological Seminary–Boston

90 Warren Street, Roxbury, MA 02119  
(617) 427-7293 fax: (617) 541-3432  
www.gordonconwell.edu email: cumeinfo@gcts.edu

Center for Urban Ministerial Education  
Centro para la Educación Ministerial Urbana

## CHURCH ENDORSEMENT

Mail to: Office of Admissions,  
Gordon-Conwell Theological Seminary–Boston  
90 Warren Street, Roxbury, MA 02119

### To Be Completed By The Applicant

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Degree program applied for \_\_\_\_\_ Session/ Year applied for \_\_\_\_\_

**Church Official:** Please complete the appropriate section below with regard to the applicant identified above. Our primary desire is to admit those who are regarded by their churches to be called by God to Christ-centered ministry.

1. Applicant's involvement in ministries of the church:

Not involved       Somewhat involved       Involved       Very involved

2. The student is seeking training for:

Ordination or Ministerial Leadership       Christian Ministry Other than Ordination

We, the body of \_\_\_\_\_

affirm that \_\_\_\_\_ is a (member/faithful attendee) in good standing with the church body.

We believe him/her to be a genuine Christian, possessing the spiritual, emotional and moral character necessary for Christian ministry.

Furthermore, we recognize the candidate's potential for effective Christian leadership and endorse him/her for seminary training.

Signature of Church Official \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_