



APPLICATION FOR MASTERS OF ARTS (RELIGION) IN PASTORAL LEADERSHIP

BASIC INFORMATION

1. Name (First/Middle/Last): _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Country: _____
Birth Date (m/d/y): ____/____/____ Birthplace: _____ Citizenship: _____
Social Insurance Number: _____ Telephone: (____) _____
Email _____ Cell: _____
Gender: Male Female Marital Status: single married divorced separated
2. Name of church in which you currently lead: _____
3. Details of activity in a congregation: _____

ACADEMIC INFORMATION

- I am an MCC Graduate Program _____ Year of Completion _____
Continue to #2
1. College or University: _____ Total Years or Semester Hours: _____
Program taken: _____
Degree or Diploma granted: _____ Year: _____
- We require an official post-secondary college or university transcript. An official transcript is a signed, sealed copy of your academic courses completed. ***These transcripts must be forwarded directly to M.C.C. from the school.***
2. Were you ever dismissed or suspended from any school? yes no
Reason for dismissal or suspension: _____

EMPLOYMENT INFORMATION

1. Employer _____ Supervisor _____
Employer Address _____
Employer Phone _____ Employer Email _____
Job Title _____ Dates of Employment _____

REGISTRATION

Anticipated enrollment

Year 20_____

Semester: Fall Spring Summer

CHARACTER

1. Have you ever been arrested or convicted of a criminal offence? yes no
If yes, please explain: _____
2. Do you accept the Christian ideals of living as set forth in the New Testament and are you willing to conduct your life in harmony with them? yes no
If no, please explain: _____
3. **Submit a typed Personal Profile of 250-350 words** essaying the significant events and influences in and assessment of your spiritual and faith walk to date, and your life and ministry goals.

REFERENCES

Please give the name and address of three character references, these recommendations will be seriously considered in determining your admission. We encourage at least one of these references be an elder or a minister and suggest one employer or someone with whom you have had a business relationship. These must not be relatives. **Distribute the three enclosed "Applicant Reference" forms and return envelopes to your chosen references.**

1. Minister Elder Teacher Employer

Name (First/Last): _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Email: _____

2. Minister Elder Teacher Employer

Name (First/Last): _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Email: _____

3. Minister Elder Teacher Employer

Name (First/Last): _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Email: _____

I declare that the above are answered fully and accurately to the best of my knowledge. If admitted, I agree to abide fully with all rules and standards of the College.

Date: _____ Signature: _____

Mail to: Admissions Office, Maritime Christian College, 503 University Ave., Charlottetown, PE C1A 7Z4

Email to: admissions@mccpei.com

Fax to: 902-892-3959