Application Instructions for the South Hamilton, Main Campus

Any matriculated student who wishes to change campuses from Charlotte, Boston or Jacksonville to South Hamilton must submit the following.

1. Please write clearly and complete all sections of the application.

2. Please provide a short (no more than 1 page) explanation and purpose for the proposed transfer.

3. Please provide a recommendation from a GCTS faculty member.

   - Note: Recommendations are to be sent directly to the Admissions Office, are confidential, and will be destroyed after a decision regarding the change of status has been made.

4. Request an official copy of your GCTS transcript to be sent to the Admissions Office.

5. A copy of your original file – Please ask the South Hamilton Admissions office to request this from the Registration office.

6. International citizens and non-native speakers must submit a recent TOEFL score (no older than 2 years) to be considered for admission.

If, in addition to changing campuses, you wish to change your degree program:

1. Please provide a short autobiographical statement.

2. Please provide a short personal statement.

3. Pastoral Recommendation (MDiv only)

4. 3 Recommendations (MACO only)

_no action will be taken until an application is complete._ Written notification of the decision will be sent to the applicant and the Registration office.

Forms can be found at the following link: [http://www.gordonconwell.edu/prospective_students/south_hamilton_application_forms](http://www.gordonconwell.edu/prospective_students/south_hamilton_application_forms)

Please mail, fax, or email your documents to:

Gordon-Conwell Theological Seminary

c/o Admissions Office

130 Essex Street
Gordon-Conwell Theological Seminary

Application for Campus Transfer

Application

ID#: ___________________________     GCTS Box #: _______________________

Name: ___________________________________________________________________________________________

       Last                      First                     Middle

Address: ________________________________________________________________________________________

Gordon-Conwell Email Address: ___________________________     Phone Number: ___________________________

Residency/VISA Status: ___________________________

Current Campus: ___________________________

Are you: (Please check the correct box)

○ Changing your current degree?

I wish to add/switch to:

○ Master of Divinity          ○ Master of Arts in:     ○ Master of Arts in Counseling:     Other:

○ Anglican/Episcopal

     Concentration

○ Dual Degree: M.Div.

     and MACO

○ New Testament

○ Old Testament

○ Church History

○ Theology

○ Religion

○ Biblical Languages

○ World Missions and Evangelism

○ Educational Ministries

○ Workplace, Theology,

     Ethics and Leadership

Post-Graduate Programs:

Master of Theology:          ○ Biblical Theology    ○ Christian Thought    ○ Preaching

 Desired effective date of new status:

○ Fall Semester, 20___         ○ January Semester, 20___     ○ Spring Semester, 20___
Gordon-Conwell Theological Seminary

Application for Campus Transfer

Personal Statement

In the space below, please type or write clearly the reason why you are seeking to change campuses.

Signature: _____________________________________________

Date: __________________________

Name (print or type): ________________________________
Gordon-Conwell Theological Seminary
Application for Campus Transfer

Recommendation Form

To be completed by the applicant:

Name of Applicant: ________________________________________________________________________

Last               First               Middle

Current Degree Program: ____________________________________________________________________

Desired Degree Program: ____________________________________________________________________

To be completed by the recommender:

The Admissions Office would appreciate a statement from you concerning the above named student. Your honesty will help us in making a careful evaluation. This recommendation will be kept confidential for use by the Admissions Committee and will be destroyed after a decision on the change of status has been reached.

Please comment on the advisability of changing the above mentioned student's degree.

Signature: ________________________________________________ Date: ____________________________

Name (print or type): ______________________________________ Position: ____________________________
Address: ___________________________ Phone: ___________________________

Gordon-Conwell Theological Seminary does not discriminate on the basis of race, color, national origin, sex, or handicap.

Please return this document directly to the Admissions Office