Application Instructions for the South Hamilton, Main Campus

Any matriculated student who wishes to change status from one degree program to another must apply through the Admissions Office.

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

2. Please provide a short (no more than 1 page), personal statement of why you want to change your status or pursue a second degree. If you would like to start a second degree prior to graduating, please indicate that this will be a dual degree.

3. Please provide a recommendation from a GCTS faculty member.
   - If the application is made for admissions to the M.Div. program, a recommendation from a GCTS faculty member and a church official is required. [Applications for the M.A. or Th.M. degrees require just one 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.

*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.

Please mail, fax, or email your documents to:

Gordon-Conwell Theological Seminary
c/o Admissions Office
130 Essex Street
South Hamilton, MA 01982
Phone: 800.428.7329
Fax: 978.646.4178
admissions@gordonconwell.edu

* Changing your current degree program.
** Adding a second degree.
Gordon-Conwell Theological Seminary

Application for Change of Status/Second Degree

Application

ID#: ___________________  GCTS Box #: ___________________

Name: ____________________________________________________________

   Last             First                     Middle

Address: _______________________________________________________________________

Gordon-Conwell Email Address: ___________________  Phone Number: ___________________

Residency/VISA Status: ___________________

Current Degree: ___________________

Are you: (Please check the correct box)

○ Adding a second degree?
○ Changing your current degree?

I wish to add/switch to:

○ Master of Divinity  ○ Master of Arts in:
  ○ Anglican/Episcopal  ○ New Testament
     Concentration  ○ Old Testament
  ○ Dual Degree: M.Div.  ○ Church History
     and MACO  ○ Theology
  ○ Bible Languages  ○ Religion
  ○ World Missions and Evangelism  ○ Educational Ministries
  ○ Church History  ○ Workplace, Theology, Ethics and Leadership
  ○ Ethics and Society  ○ Spiritual Formation

Post-Graduate Programs:

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

Desired effective date of new status:

○ Fall Semester, 20___  ○ January Semester, 20___  ○ Spring Semester, 20___
○ Summer I Semester, 20___  ○ Summer II Semester, 20___  ○ Summer III Semester, 20___
Gordon-Conwell Theological Seminary

Application for Change of Status/Second Degree

Personal Statement

In the space below, please type or write clearly (1) the reasons why you are seeking to add a second degree and/or change of degree status and (2) how this change in program to which you are applying will contribute toward your vocational goal.

Signature: ________________________________  Date: ________________________________

Name (print or type): ________________________________
Gordon-Conwell Theological Seminary

Application for Change of Status/Second Degree

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