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

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.

**Links to our recommendation forms:
- GCTS Faculty Member Recommendation: http://www.gcts.edu/cosrecommendation
- Non-Faculty Recommendation: http://www.gcts.edu/recommendation

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

○ Master of Arts in Counseling:
○ Marriage and Family Therapist
○ Mental Health Counselor
○ Dual: Marriage and Family and Mental Health
○ Other:
  ○ Official Auditor
  ○ Special
  ○ (non-degree seeking)

Post-Graduate Programs:

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

Desired effective date of new status:

○ Fall Semester, 20___
○ Winter Semester, 20___
○ Spring Semester, 20___
○ Summer I Semester, 20___
○ Summer II Semester, 20___
○ Summer III Semester, 20___
Personal Statement

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

Permission to release GCTS transcript: By signing here I authorize Gordon-Conwell Theological Seminary to release an unofficial copy of my transcript to the Admissions Office.

Signature: ________________________________ Date: ________________________________

Name (print or type): ________________________________