Gordon-Conwell Theological Seminary

Application to Reactivate Status

Application Instructions for the South Hamilton, Main Campus

Any matriculated student who wishes to reactivate your status.

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

2. Please provide a short (no more than 1 page) explanation of why you want to reactivate your status.

3. Please provide a short (no more than 1 page) personal statement of how you sense God’s call to continue seminary study

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

5. Please provide a recommendation from a pastor.

6. Please provide an updated Church Endorsement.

   - If you are a Semlink student and/or are no longer in touch with a GCTS faculty member, please provide a recommendation from a professor from another institution or from an employer.
   - 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.

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

If, in addition toreactivating your status, you wish to change your degree program:

1. Please provide a short autobiographical statement.

2. Please provide a short personal statement.

*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

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 to Reactivate Status

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)

○ 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

○ Official Auditor

○ Special (non-degree seeking)

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___

○ Summer I Semester, 20___  ○ Summer II Semester, 20___  ○ Summer III Semester, 20___

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Personal Statement

In the space below, please type or write clearly the reason why (1) you are seeking to reactivate your degree and (2) how you sense God’s call to seminary study.

Signature: ________________________________________________  Date: ________________________________

Name (print or type): ______________________________________
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Recommendation Form

To be completed by the applicant:

Name of Applicant: _______________________________________________________________

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