

**Regis College**  
**Master of Sacred Theology Program**  
**Admission Application Process**  
**Checklist**

**Step One (all applicants)**

- \_\_\_\_\_ Complete the Regis College Application Form.
- \_\_\_\_\_ Complete the University of Toronto Student Information Form.
- \_\_\_\_\_ Complete the Self-Evaluation Form.
- \_\_\_\_\_ Include a one-page statement of your interests and what you seek from your theological studies.
- \_\_\_\_\_ Include a curriculum vitae outlining employment history, educational background, pastoral involvement in your parish or faith community, interests, etc.
- \_\_\_\_\_ Mail all the above with a \$25 non-refundable application fee to The Registrar, Regis College, 100 Wellesley Street W., Toronto, Ontario, Canada M5S 2Z5.

You will receive an acknowledgment from the Registrar's Office when your application is received, indicating that an admissions file has been opened for you.

**Step Two (all applicants)**

- \_\_\_\_\_ Arrange to have official transcripts for all your post-secondary studies sent directly to The Registrar at Regis College by contacting the Registrar's Office of the institution concerned.
- \_\_\_\_\_ Ask two referees to complete the enclosed Reference Forms. Appropriate referees would know you in an academic, church, volunteer service or professional setting. At least one referee should be able to comment on your personal and ministerial abilities or potential. Referees should send the references directly to the Registrar at Regis College in envelopes sealed and signed at the back.

**Step Three (for applicants whose first language is not English)**

- \_\_\_\_\_ Arrange to take a TOEFL (Test of English as a Foreign Language) exam and have the results forwarded to the Registrar's Office. This requirement will be waived for students who are able to prove that they have been working in an English environment. If you have questions about how to register for the TOEFL, the Registrar is happy to be of assistance.

**Step Four (international applicants only)**

- \_\_\_\_\_ Applicants who are not Canadian citizens must either provide proof that they already possess Landed Immigrant Status or a Canadian Student Visa or must be prepared to seek a Canadian Student Visa as soon as notice of admission has been received from the College and before registering for the first semester. The Registrar is able to provide assistance to students seeking Canadian Student Visas.

**Step Five (all applicants)**

- \_\_\_\_\_ Once your file is complete, you will be contacted and a personal admission interview arranged for you. Special arrangements can be made to conduct alternative interviews (e.g. by telephone) for applicants from outside Southern Ontario.

Admission decisions are made once your admission file is complete and your admission interview has taken place.



# Regis College

Federated with the University of Toronto  
Founding Member of the Toronto School of Theology

## APPLICATION FOR ADMISSION

Please type all Information

1. NAME IN FULL \_\_\_\_\_  
*Surname* *Given Name(s)*

2. PRESENT ADDRESS \_\_\_\_\_  
*Street Number* *Apartment* *Telephone*

\_\_\_\_\_  
*City/Town* *Province/State + Country* *Postal Code* *Email Address*

3. RELIGIOUS DENOMINATION \_\_\_\_\_

4. STATUS Lay \_\_\_\_\_ Religious \_\_\_\_\_ Jesuit \_\_\_\_\_ Diocesan \_\_\_\_\_  
Sister \_\_\_\_\_ Brother \_\_\_\_\_ Seminarian \_\_\_\_\_ Priest \_\_\_\_\_ Minister \_\_\_\_\_ Deacon \_\_\_\_\_

Give pertinent particulars on the following lines: religious congregation (for non-Jesuits), province, diocese, conference, presbytery:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. BIRTH Country \_\_\_\_\_ Province/State \_\_\_\_\_

### 6. PROGRAM OF REGISTRATION:

MAMS \_\_\_\_\_ M.Div. \_\_\_\_\_ MTS \_\_\_\_\_ STB \_\_\_\_\_ STM \_\_\_\_\_ Special Student \_\_\_\_\_ CRD (Loyola/Regis) \_\_\_\_\_

7. LANGUAGE COMPETENCY: Please evaluate your ability to read the following languages:  
Use "very good", "good", "fair", "slight", "not at all":

Latin \_\_\_\_\_ Greek \_\_\_\_\_ Hebrew \_\_\_\_\_  
French \_\_\_\_\_ German \_\_\_\_\_ Spanish \_\_\_\_\_  
Other languages you know: \_\_\_\_\_

**IMPORTANT** : Please request the Registrar(s) of the institution(s) where you have done post-secondary or post-graduate studies to forward an official transcript of your academic record to the Registrar of Regis College.

A non-refundable **Application Fee** of \$25.00 (*Canadian Funds*) in cheque or money order payable to Regis College should be included with your application form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

09/2009

100 Wellesley Street W., Toronto, Ontario, Canada M5S 2Z5 Telephone: 416-922-5474 Fax: 416-922-2898  
[www.regiscollege.ca](http://www.regiscollege.ca)

# Student Information Form

<b>SOCIAL INSURANCE NUMBER</b>								<b>TORONTO SCHOOL OF THEOLOGY AND UNIVERSITY OF TORONTO INFORMATION SYSTEMS SERVICES</b>				<b>U. OF T. STUDENT NUMBER</b>							
<b>SURNAME</b>										<b>DATE OF BIRTH</b> > YEAR: _____ MONTH: _____ DAY: _____									
<b>PREVIOUS SURNAME ( IF APPLICABLE)</b>																			
<b>GIVEN NAMES (IN FULL)</b>										<b>GENDER</b>									
<b>TITLE CODE</b> <input type="checkbox"/> MRS. <input type="checkbox"/> MR.. <input type="checkbox"/> MS. <input type="checkbox"/> REV. <input type="checkbox"/> FR. <input type="checkbox"/> SR. <input type="checkbox"/> OTHER _____										<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE									
<b>MARITAL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED/WER <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> OTHER _____																			
<b>MOTHER TONGUE</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER _____								<b>COUNTRY OF CITIZENSHIP</b>											
<b>IF YOU ARE NOT A CANADIAN CITIZEN, PLEASE CHECK RELEVANT BOX BELOW:</b>										<b>DATE OF ENTRY INTO CANADA</b>									
<input type="checkbox"/> LANDED IMMIGRANT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA																			
<b>MAILING ADDRESS</b>		<b>STREET: &gt;</b>						<b>APT/SUITE #: &gt;</b>											
		<b>CITY/TOWN: &gt;</b>						<b>PROV./COUNTRY: &gt;</b>											
		<b>POSTAL CODE:&gt;</b>						<b>HOME TEL.: &gt; (       )</b>											
		<b>WORK TEL.: &gt; (       )</b>						<b>E-MAIL : (important) &gt;</b>											
<b>PERMANENT HOME ADDRESS</b>  <input type="checkbox"/> SAME AS ABOVE		<b>STREET: &gt;</b>						<b>APT/SUITE #: &gt;</b>											
		<b>CITY/TOWN: &gt;</b>						<b>PROV./COUNTRY: &gt;</b>											
		<b>POSTAL CODE: &gt;</b>						<b>TEL.: &gt; (       )</b>											
<b>I HAVE PREVIOUSLY ATTENDED THE FOLLOWING UNIVERSITIES</b>				<b>DEGREE SOUGHT AND/OR OBTAINED</b>		<b>IF BACHELORS, INDICATE LENGTH OF PROGRAMME</b>		<b>CHECK IF DEGREE CONFERRED</b>		<b>HIGHEST ACADEMIC YEAR ATTENDED</b>		<b>ATTENDED</b>							
<b>UNIVERSITIES</b>												<b>FROM - TO</b>							
						3- YEAR    4- YEAR		NO    YES											
<b>I HAVE PREVIOUSLY APPLIED TO TST OR U.OF T.:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																			
<b>I AM SEEKING THE FOLLOWING DEGREE OR DIPLOMA (IF ANY) AT TST:</b>																			
<b>I PROPOSE TO REGISTER AS A :</b> <input type="checkbox"/> FULL- TIME STUDENT <input type="checkbox"/> PART-TIME STUDENT																			
<b>I PROPOSE TO REGISTER IN THE :</b> <input type="checkbox"/> FALL SEMESTER ( <i>September</i> ) <input type="checkbox"/> SPRING SEMESTER ( <i>January</i> ) <input type="checkbox"/> SUMMER SEMESTER																			

**DATE:** \_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_



3. What do you see as the challenges of your ministry?

4. What is your vision of ministry?

5. Why did you choose the S.T.M. program of study? How do you envision its contribution to your current ministry?



9. Three of the six required courses are taken at the Advanced Degree level. Please explain why you feel confident that you can successfully participate at this level of study.

10. In what areas do you feel that you would need support and encouragement? Explain.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Master of Sacred Theology Program Referee Evaluation Form**

Note to Referees:

The Master of Sacred Theology program is a second theological degree that focuses on ministry in a more specialized and precise way and at a higher level of academic and professional competence than the regular basic degree program. It is designed to further the professional skills operative in a chosen form of ministry and, above all, to enrich and deepen the student's grasp of theological and pastoral issues. Its focus is on theology as praxis and the integration of theology and life by way of study, action and reflection. The information you provide will be valuable to us as we select appropriate candidates for this degree. Thank you for your co-operation and the care you will take completing this form.

Please place the completed reference form into an envelope, seal and sign at the back, and address it to: Registrar, Regis College, 100 Wellesley Street W., Toronto, Ontario, Canada M5S 2Z5.

Name of Candidate: \_\_\_\_\_

Name of Person Completing Reference: \_\_\_\_\_

In what capacity do you know the candidate: \_\_\_\_\_

How long have you known the candidate: \_\_\_\_\_ years \_\_\_\_\_ months

Phone number where you may be contacted for further information: (\_\_\_\_) \_\_\_\_\_

What strengths does this candidate bring to the STM program: (1) pastorally? (2) academically?

What do you feel to be some of the challenges this candidate faces in ministry today? In what way(s) do you think the person successfully meets these challenges?

In what areas do you feel that the person will need support and/or encouragement?

Do you recommend the candidate for admission into the Master of Sacred Theology program? Please check only one of the following and comment as necessary. Attach a separate sheet if you wish to comment further.

\_\_\_\_\_ Yes, with no reservations

\_\_\_\_\_ Yes, with the following reservation(s):

\_\_\_\_\_ Yes, but on the following condition(s):

\_\_\_\_\_ No. Defer until the following is addressed:

\_\_\_\_\_ No.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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