



**THE UNIVERSITY OF
WINNIPEG**
The United Centre for Theological Studies

APPLICATION FOR ADMISSION

Bachelor of Theology

IN CONJUNCTION WITH THE WINNIPEG THEOLOGICAL COOPERATIVE
515 Portage Ave / Wpg., MB / R3B 2E9 / (204) 786 9309 / Toll Free (North America): (800) 679 - 8496
fax: (204) 774-7134 / email: d.habtemariam@uwinnipeg.ca / website: theology.uwinnipeg.ca

Processing fee: A \$90.00 Domestic \$110.00 International NON-REFUNDABLE
APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

DIRECTIONS

1. Send completed application to Graduate Studies Room *IBC10A*.
2. The applicant must request that **official transcripts** be sent directly to Graduate Studies from each post-secondary educational institution attended (High School transcripts may be requested).

NOTE TO ALL REGARDING TRANSCRIPTS: If any documentation submitted is under a different name than your application, "Proof of Name Change" will also be required.

3. For CCS Students Only:
Copy of Letter of Admission from CCS if currently a CCS student OR If a CCS Graduate, forward an official copy of your CCS transcript
4. For SandySaulteaux Students Only:
Official transcript from the Community Based Model for Native Training from the Sandy Saulteaux Spiritual Center

HOME INSTITUTION

Home Institutions facilitate the admission of students to The University of Winnipeg, Bachelor of Theology degree program. Each Home Institution is responsible for the academic guidance of its students and serves as a primary community for spiritual formation and denominational identity development. **NOTE: By checking off accordingly, you authorize our office to provide contact information to your designated Home Institution.**

Please indicate your choice of Home Institution:

- The United Centre for Theological Studies, The University of Winnipeg - 515 Portage Avenue, Winnipeg, MB. R3B 2E9
 Sandy Saulteaux Spiritual Centre - Box 210, Beausejour, MB., MB, R0E 0C0
 Centre for Christian Studies (Joint Diploma/Degree) - Woodsworth House, 60 Maryland St., Wpg., MB, R3G 1K7

PERSONAL INFORMATION

Dr. Rev. Mr. Ms. Miss Mrs. Male Female Not Specified

NAME _____
Surname _____ Given _____ Middle (or Initial) _____

HOME ADDRESS _____
Street _____

TELEPHONE (HOME) (____) _____ (WORK) (____) _____ (FAX)(____) _____

EMAIL _____ OCCUPATION _____
optional

DATE OF BIRTH _____
Month / Day / Year

DO YOU PLAN TO STUDY: FULL TIME (18 or more credit hours) PART-TIME (less than 18 credit hours /year)

CHURCH AFFILIATION

Denomination: _____

Experience in Ministry: _____

Ordained: Yes _____ No _____ Diaconal: Yes _____ No _____

Any Other Denominational Credentials: _____

EDUCATION List all universities, colleges, seminaries, and graduate schools.

Name & Location of School	Dates:		Name of Degree Received:
	From:	To:	

REFERENCES Three letters of reference are required for admission to the BTh. Program. Include reference letters from a former professor, a minister or church official, and a person who knows you well. **DO NOT INCLUDE FAMILY MEMBERS.**

PERSONAL STATEMENT Please submit an essay discussing your home and religious background, and reasons for wanting graduate education in the BTh Program. (No longer than two typed pages)

ACADEMIC WRITING Applicants for the BTh degree who possess conventional prerequisites are expected also to provide evidence of their competence in the conventions of academic writing (style, footnoting, bibliographies, etc.). In most instances this may be done at the point of application by providing an academic paper completed in the previous 3 years. Otherwise applicants will be required to register and complete an "Academic Writing" credit or its equivalent, through the U of W Faculty of Arts within the first 12 months in the BTh program.

DECLARATION – I declare that all statements made with respect to this application are true and complete, that all records are complete and unaltered, and that accepting this declaration permits The University of Winnipeg to request, confirm, and/or share any necessary information with other educational institutions to support my Application. If enrolled in a joint program, I authorize The University of Winnipeg to share my academic record with partner institutions. If accepted to The University of Winnipeg, I agree to follow University regulations.

I accept that misinterpretation, falsification of documents, or the withholding of requested information with respect to this application can result in cancellation of my acceptance and registration or dismissal from the University and that any information on falsifications may be shared with the Association of Registrars of the Universities and Colleges of Canada and/or other post-secondary institutions.

I accept this declaration: *Personal Information collected on this application will be used by The University of Winnipeg for admission, registration, scholarships, awards, student records, alumni services, university research, housing, and other activities related to being a member of the university community. It may also be disclosed to relevant student associations and federal and/or provincial authorities. It is collected under the general authority of The University of Winnipeg Act, in conformity with, and protection under the Manitoba Freedom of Information and Protection of Privacy Act (FIPPA).*

Information Release (Optional) You may wish to authorize someone to act on your behalf with respect to application status, registrations, financial information/activities, transcripts or graduation. If you wish to designate someone to act on your behalf, please complete the Information Release Form available on the web: <http://www.uwinnipeg.ca/index/services-redsforms>

If you have any questions about the collection and the use of this information please contact: Dan Elves, FIPPA and Records Officer, University of Winnipeg, 515 Portage Avenue, Winnipeg, MB. R3B 2E9 204.988-7538, da.elves@uwinnipeg.ca

Date: _____ **Signature of Applicant:** _____

APPLICATION FEE PAYMENT

Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Money Order <input type="checkbox"/>			
VISA <input type="checkbox"/>	Master Card <input type="checkbox"/>	Card Number _____	Expiry Date _____	Signature _____	

FOR OFFICE USE ONLY:

Date Received: _____ Amount: _____ Cash Cheque Receipt #: _____

Student Number _____ Date: _____

Initials: _____



THE UNIVERSITY OF
WINNIPEG

The United Centre for Theological Studies

For candidates for the
BACHELOR OF THEOLOGY Degree

Reference letter number one: Former Professor

I, _____ am inviting you to comment on my current application to enter the Bachelor of Theology program (equivalent to Master of Divinity Degree), which is an academic pursuit as well as a (general) process of formation for ministry.

In your remarks, please consider commenting on the following:

- a description of your connection with me
- my overall maturity and general suitability for theological studies
- anything about my character with respect to the practice of 'ministry'
- particular abilities, experiences or limitations which you feel are pertinent to my pursuit of the BTh degree

PLEASE USE SEPARATE LETTERHEAD FOR YOUR SIGNED REFERENCE LETTER.

Please return this reference letter to:

Graduate Studies Room 1BC10A

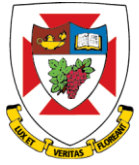
University of Winnipeg, 515 Portage Avenue,

Winnipeg, MB R3B 2E9

Telephone: (204) 786-9309

Fax: (204) 774-4134

Note: Signature is required on Submitted Reference Letter



THE UNIVERSITY OF
WINNIPEG
The United Centre for Theological Studies

For candidates for the
BACHELOR OF THEOLOGY Degree

Reference letter number two: Minister or Church Official

I, _____ am inviting you to comment on my current application to enter the Bachelor of Theology program (equivalent to Master of Divinity Degree), which is an academic pursuit as well as a (general) process of formation for ministry.

In your remarks, please consider commenting on the following:

- a description of your connection with me
- my overall maturity and general suitability for theological studies
- anything about my character with respect to the practice of 'ministry'
- particular abilities, experiences or limitations which you feel are pertinent to my pursuit of the BTh degree

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Telephone: (204) 786-9309
Fax: (204) 774-4134*

Note: Signature is required on Submitted Reference Letter



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For candidates for the
BACHELOR OF THEOLOGY Degree

Reference letter number three: Person Who Knows You Well

I, _____ am inviting you to comment on my current application to enter the Bachelor of Theology program (equivalent to Master of Divinity Degree), which is an academic pursuit as well as a (general) process of formation for ministry.

In your remarks, please consider commenting on the following:

- a description of your connection with me
- my overall maturity and general suitability for theological studies
- anything about my character with respect to the practice of 'ministry'
- particular abilities, experiences or limitations which you feel are pertinent to my pursuit of the BTh degree

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