

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

# APPLICATION FOR ADMISSION

## Master of Divinity Program

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](mailto:d.habtemariam@uwinnipeg.ca) / website: [theology.uwinnipeg.ca](http://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 the University of Winnipeg, Graduate Studies Room 1BC10A
2. **Official transcripts** are to be sent directly from your Home Institution and from each educational institution attended beyond high school.  
**NOTE:** If any documentation submitted is under a different name than your application, "Proof of Name Change" will also be required.

### HOME INSTITUTION

Please indicate your home institution:

- The United Centre for Theological Studies, University of Winnipeg - 515 Portage Ave, Wpg., MB, R3B 2E9  
 Canadian Mennonite University - 500 Shaftesbury Blvd., Wpg., MB, R3P 2N2  
 Booth University College - 447 Webb Place, Wpg., MB, R3B 2P2

### PERSONAL INFORMATION

Dr.  Rev.  Mr.  Ms.  Miss  Mrs.  Male  Female

NAME \_\_\_\_\_  
Surname Given Middle (or Initial)

HOME ADDRESS \_\_\_\_\_  
Street City Postal Code

TELEPHONE (HOME) ( ) (WORK) ( ) (FAX) ( )

EMAIL \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
optional

DATE OF BIRTH \_\_\_\_\_ How do you intend to pursue your studies?  Full-Time  Part-Time  
Month / Day / Year

### CHURCH AFFILIATION

Religious Affiliation: \_\_\_\_\_  Not Applicable Ordained:  Yes  No

Experience in Ministry: \_\_\_\_\_

Any other denominational credentials: \_\_\_\_\_

### EDUCATION

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

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

**REGISTRATION**

Registration for all courses in the Winnipeg Theological Cooperative is done at The University of Winnipeg, Graduate Studies Room 3C02A

**REFERENCES**

Three letters of reference are required for admission to the MDiv 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 MDiv Program. (No longer than two typed pages)

**ACADEMIC WRITING**

Applicants who have completed their baccalaureate program over five years prior to application for admission into the MDiv program will be expected to provide evidence of their competence in the conventions of academic writing (style, footnoting, bibliographies etc.). Those applicants for the MDiv degree who have no written or other demonstrated competence in academic writing will be expected to complete an "Academic Writing" credit through the U of W Faculty of Arts within the first 12 months of the MDiv 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-rcdsforms>

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](mailto:da.elves@uwinnipeg.ca)

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

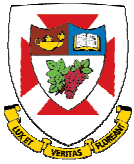
**APPLICATION FEE PAYMENT**

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   
Student Number \_\_\_\_\_

Receipt #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_



THE UNIVERSITY OF  
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WINNIPEG THEOLOGICAL COOPERATIVE  
For candidates for the **Master of Divinity** Degree

**Reference letter number one: Former Professor**

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

In your remarks, please consider commenting on the following:

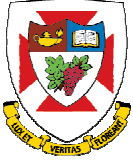
- a description of your connection with me
- my overall maturity and general suitability for theological studies
- anything about my character with respect to the practice of 'ministry'
- particular abilities, experiences or limitations which you feel are pertinent to my pursuit of the BTh degree

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***



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**Reference letter number two: Minister or Church Official**

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

In your remarks, please consider commenting on the following:

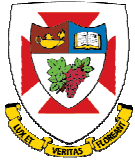
- a description of your connection with me
- my overall maturity and general suitability for theological studies
- anything about my character with respect to the practice of 'ministry'
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**Reference letter number three: Person Who Knows You Well**

I, \_\_\_\_\_ am inviting you to comment on my current application to enter the Master of Divinity program, 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'
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***Note: Signature is required on Submitted Reference Letter***