

**Master of Divinity (MDiv) Degree Program  
Application for Admission**



Name: \_\_\_\_\_  
Last Name First name(s)

Student ID#: \_\_\_\_\_ Anticipated completion term: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please tell us why you wish to complete the MDiv: \_\_\_\_\_

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Please tell us your professional goals beyond the MDiv: \_\_\_\_\_

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Additional comments? \_\_\_\_\_

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Admission to the MDiv program is not based upon academic factors alone. It is your responsibility to secure two external endorsements, one from a pastor and the other from a layperson (please do not ask family members, current Regent students, or the people who supplied references for your general application to Regent). Please fill in Section A of each MDiv Reference Form prior to sending them to your referrers. *References are confidential and should be sent to us by your referrers in sealed envelopes.* Please indicate your two referrers:

A) \_\_\_\_\_ B) \_\_\_\_\_

Are you a Baptist Union of Western Canada student? Y / N

If so, are you licensed to preach? Y / N

What is your denominational affiliation? \_\_\_\_\_

With which denomination/parachurch group do you hope to work? \_\_\_\_\_

Those entering the program under the auspices of a particular denomination or parachurch organization should give names and addresses of two appropriate officials who will give formal endorsement on behalf of that body:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**This application is subject to consideration by the Regent College Admissions Committee, whose recommendation is required for admission to the MDiv degree program. An interview may be required.**

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

Your completed application should be given to the Admissions Office.

# Master of Divinity (MDiv) Degree Program Reference Form



## Section A: To be completed by the Applicant

Name: \_\_\_\_\_ Regent ID#: \_\_\_\_\_

I have applied for admission to the Master of Divinity degree program at Regent College. My projected service or ministry goals are: \_\_\_\_\_

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## Section B: To be completed by the Referrer

It is the policy of Regent College to ask for references concerning the applicant's suitability for the proposed ministry area, as this factor is considered in the admission process. (Note: the Regent College Master of Divinity degree is a broadly conceived three-year program designed to be "*particularly suitable for those planning to enter full-time Christian service, whether ordained or not.*")

The College will hold this reference in strictest confidence.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

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2. Would you recommend that this person consider full-time supported ministry through a church, mission board or parachurch organization? Why or why not? \_\_\_\_\_

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3. Please comment on the suitability of the applicant's ministry goals in light of his/her gifts and abilities. Are there other areas of ministry that you would recommend as more suitable? \_\_\_\_\_

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4. Do you have any additional comments about the applicant's record, potential, or personal qualities that you feel would be helpful to us in considering his/her admission to the MDiv program? \_\_\_\_\_

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5. Please comment on the applicant's ability to relate to others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you feel that the applicant would be able to accomplish the rigorous academic requirements of the program? If not, please indicate the reasons. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please comment on any aspect of the applicant's physical and emotional resources, personal life or character that might prevent him/her from bearing the pressures of full-time ministry, or that might hinder the pursuit of the ministry goals listed in Section A? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you aware of anything else that might hinder the applicant's ability to carry out full-time ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Additional comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (please print): \_\_\_\_\_

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

Position/Title: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If possible, please fax this form before mailing to:

**Admissions Office  
Regent College  
5800 University Boulevard  
Vancouver BC V6T 2E4  
Canada**

**Fax:** 604-224-3097

**Phone:** 604-224-3245 or 1-800-663-8664 (toll free in North America)