

Application Procedures and Inventory Listing

Pastoral Counseling and Spiritual Care

| Name: | | | |
|---|---|---|--|
| M.S. Pastoral Counseling Certificate of Advanced Study Non-degree Special Student Enrollment Option | M.A. Spiritual & Pastoral Care Master's Plus Program | | |
| Priority Application Deadlines* | Fall Semester: Spring Semester: Summer Session: | April 1 November 1 April 1 | |
| *Applications received after Priority Deadline are review | ved on a space available bo | usis | |
| Please make certain that all appropriate boxes have the application materials you send to the Office of G Signed application form Non-refundable \$60 application fee | | m and include this inventory listing with | |
| Transcripts (official - in sealed envelopes) | Number of institutions | | |
| Current resume or vitae detailing your personal c | ompetency and leadersh | ip potential (please forward via email to | |
| graddocs@loyola.edu) ☐ Two Letters of Recommendation in sealed envelo | opes (Professional/Acad | emic References only) | |
| ☐ Essay responding to question on application form | • | 3 / | |
| WES Evaluation and Translation - Required only | y for college or universi | ty studies pursued outside the United | |
| States | · | | |
| TOEFL Score Report – Required only if English degree program taught in English. Score | | | |
| International Student Supplemental Forms—requ | | - | |
| **Loyola's institution code is 5370 | | | |
| Please send all required documents to: | | | |
| Loyola University Maryl Graduate Admission Proc P.O. Box 1447 Beltsville, MD 20704 | | | |

Note: No action can be taken on your application for admission until all required materials, fees, and transcripts are received.

On-line applications are available at www.loyola.edu/graduate



Pastoral Counseling and Spiritual Care Programs

| □ M.S. Pastoral C □ Master's Plus □ Non-degree Sp | ecial Student Enrollme | □ Certi | Certificate of Advanced Study | | | |
|---|---|-------------------------|-------------------------------|------------------|-----------------|--|
| Start Term: | Spring 20 | Summer | 20 | Fall 20 | | |
| Personal Data | | | | | | |
| Legal Name: | DR/MR/MRS/MS/OTHER LAST | | FIRST | MI | JR/III/ETC. | |
| Former Name(s):_ | | <u>-</u> | Preferred N | Name: | | |
| Permanent Addres | SS:NUMBER | AND STREET | | | | |
| CITY | STATE | | COUNTRY | | ZIP/POSTAL CODE | |
| Mailing address: _ | NUMBER . | AND STREET | | | | |
| CITY | STATE | | COUNTRY | ZIP/POST | CAL CODE | |
| Telephone Home: | AREA CODE/NUMBER | | Mobile: | AREA CODE/NUMBER | t. | |
| E-mail address: | | | | | | |
| Demographic I | nformation: | Gender: Male _ | Femal | e | | |
| Date of Birth | MO/DAY/YR Place of | of Birth | | Citizenship* | | |
| Are you a perman | ent resident of the United | States? Yes | No | Visa Type | | |
| PASSPORT) OR A COPY OF | TSIDE THE UNITED STATES, YOU A F YOUR RESIDENT ALIEN CARD. IF S PART OF YOUR APPLICATION FO | YOU REQUIRE A F-1 VISA, | | | | |
| Employment | | | | | | |
| Present Position:_ | | | Length in I | Position: | | |
| Employer: | | | | | | |
| Address: | | | | | | |
| CITY | STATE | COUNTRY | | ZIP/POSTAL CODE | | |
| Employer Tuition | Reimbursement : Yes _ | No _ | Percentage | or Amount: | | |

Educational Background

List ALL colleges/universities attended. You are <u>required</u> to submit official transcripts from each institution.

| College/University | Attendance Dates | Degree/Certificate | Completion Date |
|---|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Student Classification | n (select one) | | |
| First Time Loyola Former Loyola Gr | Graduate Applicant aduate Student Returning to Ne | w Program Re-a | pplicant to Same Program matriculating Applicant |
| Personal Essay On a separate sheet of pa of interest. | aper type (1-2) pages outlining y | our interest and goals in appl | ying for the particular program |
| The following questions | are optional and are used for | statistical purposes only. | |
| Are you of Hispanic | or Latino Origin?Y | esNo | |
| What is your race? S | select one or more of the follow | ing categories: | |
| American Indian or | Alaska Native Black o | r African American | |
| Native Hawaiian or | Other Pacific Islander | Asian White | _ |
| Religious Affiliation | on: | | |
| ue to the best of my knowledge, related to this admission applic | I have authorized each college or useration upon request by Loyola Universtand that furnishing false informations. | university I have attended to releasersity Maryland. I agree to subm | ion materials is complete, accurate an ase academic and personal information it other materials that are required for n application may result in cancellatio |
| gnature | | Date | |
| GE, RELIGION, AND DISABILIT ESPECT TO ADMISSION AND E HE EDUCATION AMENDMENTO MENDED, IS GEORGE CASEY, A | Y IN THE ADMINISTRATION OF A MPLOYMENT. THE DESIGNATED (S) OF 1972, AS AMENDED, AND W | NY OF ITS EDUCATIONAL PROG COMPLIANCE OFFICER TO ENSU ITH SECTION 504 OF THE REHAE HUMAN RESOURCES, YORK RO | AD, RM. 206, 410-617-2354. LOYOLA |

* All application materials, once submitted, become the property of Loyola University Maryland and cannot be returned.



Graduate Programs in Pastoral Counseling and Spiritual Care

Recommendation Form To the Applicant

| Complete the following items and | l forward this form to the | e individual wh | o will provide your reference. | |
|--|--|--------------------------------------|--|--|
| Name: | FIRST | | MIDDLE FORMER | /OTHER(IF APPLICABLE) |
| | FIRST | | MIDDLE FORMER | OTHER(IF APPLICABLE) |
| Mailing Address: | NUMBER AND STREET | | | |
| CITY | | STATE | (COUNTRY IF APPLICABLE) | ZIP/POSTAL CODE |
| Application Deadline: | | | | |
| Program | | | | |
| ☐ M.S. Pastoral Counseling | | □ M.A. Spir | ritual & Pastoral Care | |
| ☐ Master's Plus | | ☐ Certificat | e of Advanced Study | |
| ☐ Non-degree Special Student | Enrollment Option | | | |
| • | | | • | on with investigating and evaluating my qualifications in connection with my |
| Applicant's Signature | | | Date | |
| To the Person Completing this | Form | | | |
| The person named above is app Admission Committee finds cand | • • | | - | g at Loyola University Maryland. Th idates. |
| records unless and until they enroll a this form for the purpose of admissio | t Loyola University Maryla. n only. The professional re ution at Loyola. Your comm | nd. To ensure con ference and any | ufidentiality of information within other subjective supplementary si | ats for admission do not have access to thei the spirit of the laws, the university will us tatements sent on the applicant's behalf win will greatly assist the Admission Committe |
| When you complete this recomm | endation form, please pla | ace the form an | d any additional pages in an e | nvelope with your letterhead on it. |
| Sign your name across the seale | | | any additional pages in all e | nrecept many our recentions on in |
| Loyola University Maryland | | | | |
| Graduate Admission Processing | g Center | | | |
| P.O. Box 1447 Beltsville, MD 20704 | | | | |
| Densyme, WID 20/04 | | | | |
| NameDR./MRS./MS. | | | | |
| Title/Position | | | | |
| Company/Position | | | | |
| Mailing Address | | | | |
| | NUMBER AND STREET | | | |
| CITY STATE | (COUNTRY IF APPLICABLE) | ZIP/POST. | AL CODE | |
| CITI STATE | (COUNTRY II AFFEICABLE) | 211/1031 | IL CODE | |

_____E-mail Address ____

Background Information

| How long and how well have yo | ou known the | applicant and in what c | apacity? | | |
|---|---------------|----------------------------|-------------------|------------------------|---|
| Ratings In terms of the candidate's applia applicant on each characteristic Judgement". | | | | | Spiritual Care, please rate the ate that by marking "No Basis for |
| 1. Academic Ability | Poor | Average | Good | Outstanding | No Basis for Judgement |
| 2. General Knowledge | ☐ Poor | Average | Good | Outstanding | No Basis for Judgement |
| 3. Oral Expression Skills | ☐ Poor | ☐ Average | Good | Outstanding | ☐ No Basis for Judgement |
| 4. Written Expression Skills | ☐ Poor | ☐ Average | Good | Outstanding | No Basis for Judgement |
| 5. Originality | Poor | ☐ Average | Good | Outstanding | No Basis for Judgement |
| 6. Social Awareness & Concern | ☐ Poor | ☐ Average | Good | Outstanding | ☐ No Basis for Judgement |
| 7. Emotional Maturity | Poor | Average | ☐ Good | Outstanding | ☐ No Basis for Judgement |
| 8. Desire to Achieve | Poor | ☐ Average | Good | Outstanding | No Basis for Judgement |
| 9. Ability to Work with others | Poor | ☐ Average | Good | Outstanding | No Basis for Judgement |
| 10. Leadership Skills | Poor | ☐ Average | Good | Outstanding | ☐ No Basis for Judgement |
| 11. Persuasive Ability | ☐ Poor | ☐ Average | Good | Outstanding | No Basis for Judgement |
| 12. Independence & Initiative | Poor | ☐ Average | Good | Outstanding | ☐ No Basis for Judgement |
| 13. Professional Commitment | Poor | ☐ Average | Good | Outstanding | No Basis for Judgement |
| 14. Research Skills | Poor | ☐ Average | Good | Outstanding | ☐ No Basis for Judgement |
| 15. Potential for Success | Poor | ☐ Average | Good | Outstanding | ☐ No Basis for Judgement |
| 16. Carefulness of Work | Poor | ☐ Average | Good | Outstanding | No Basis for Judgement |
| 17. Adaptability | Poor | ☐ Average | Good | Outstanding | ☐ No Basis for Judgement |
| 18. Common Sense | Poor | Average | ☐ Good | Outstanding | ☐ No Basis for Judgement |
| Please indicate the confidence w Pastoral Counseling and Spiritua | | | | oplicant for admission | n to the Graduate Program in |
| Strongly Recommend | Reco | mmend | Recommend w | ith Reservations | ☐ Not Recommended |
| Please add any additional comm | ents on a sep | parate piece of paper to o | describe the appl | icant's qualification. | |
| Signature | | Date | | | |



Graduate Programs Transcript Request

To the Applicant: Send this form to each institution you attended. Many institutions charge a fee for official transcripts. To avoid delays, check each institution's policy in advance.

| Name: | | | | | | |
|-----------------------------------|----------------------------------|----------------------|-----------------|--|--|--|
| LAST | FIRST | | MIDDLE | | | |
| Mailing Address | | | | | | |
| Walling Address: | dress: | | | | | |
| CITY | STATE | COUNTRY | ZIP/POSTAL CODE | | | |
| Name of institution attended: _ | | | | | | |
| Date of enrollment: From | MONTH/YEAR | Γο | | | | |
| Former and/or other name(s) v | while attending this institution | on: | | | | |
| I hereby authorize the release of | of my transcript to Loyola U | Jniversity Maryland. | | | | |
| Signature | | Date | | | | |

To the Registrar: The person submitting this form is applying to the Graduate Programs at Loyola University Maryland. The Office of Graduate Admission at Loyola requests that you attach a copy of the applicant's official academic record to this form and insert the materials into the envelope provided by the student or an envelope used for official correspondence. Seal the envelope and **sign across the flap** to ensure confidentiality. Thank you for your assistance.

Return the sealed envelope to the applicant or mail directly to:

Loyola University Maryland Graduate Admission Processing Center P.O. Box 1447 Beltsville, MD 20704