

Master's

College and Seminary

Regular Application Form for Admission to Undergraduate Studies (2009 – 2010)

Application Checklist

- Enclose \$75.00 application fee
- Enclose a picture of yourself
- Distribute Reference Forms or, if included with your Application Form, ensure that they are in sealed envelopes.
Please note that relatives cannot complete Reference Forms. Please contact the Registrar's Office if you need any assistance in determining who can complete the Reference Forms.
- Enclose written explanations and supporting documentation, if required;
- If you are applying for **Government-Issued Student Loan**, please enclose a photocopy of your Social Insurance Card and a government-issued Identification Card (e.g. Driver's License, passport)
- Arrange for ALL required transcripts to be sent to Master's.
- If English is your second language, enclose the results of your TOEFL Test or have results forwarded by TOEFL to the Registrar's Office.
- Ensure that ALL questions are answered.
- Sign, date and submit the Application Form to the following address:

**Registrar's Office
Master's College and Seminary
282 Cummer Avenue
Toronto, ON
M2M 2E7**

Application Procedures

We are delighted that you are making application to Master's College and Seminary. This application provides you with an opportunity to let Master's know who you are, what you have achieved, and what your future aspirations are. Master's accepts students without regard to gender, race, colour, disabilities, national or ethnic origins, provided all the entrance requirements are met. Please contact the Registrar's Office by telephone, mail or email if you have questions regarding any of our programs, you want to receive additional information or you want to arrange a tour of the Main Campus.

Application Timelines

- Canadian Applicants are encouraged to submit their completed applications by August 1st for the Fall Semester, December 1st for the Winter Semester and April 1st for the Summer Session. Applications can be submitted after these dates and they will be processed as time permits.
- International Applicants are encouraged to submit their completed applications at least six months prior to the start of the semester to allow sufficient time for the processing of their Student Visa.

Application Form

This is a self-managed application package. After you have assembled all the relevant documentation (Referees can mail the reference forms directly to Master's if they so choose), send it to the Registrar's Office, along with the \$75.00 application fee. Students who apply to the Christian Service Certificate program (9 credit hours) are only required to pay a \$25.00 application fee. If they change to another program after graduating with the Christian Service Certificate, they will pay the additional \$50.00 fee at that time.

Only applicants who are applying for one of Master's programs as either a full-time or part-time student should complete this application. Other applicants, who are interested in enrolling in courses without being admitted into a program, or are interested in doing courses for audit rather than credit, should submit an *Occasional Student Application Form*, which is available at the Registrar's Office or online at www.mcs.edu. (*Students who apply for the Christian Service Certificate are only required to submit a \$25.00 Application Fee. If they decide to continue with another program, after graduating from the Christian Service Certificate, they will need to pay an additional \$50.00 to switch to the other program.*)

Transcripts

Official transcripts from high school and any colleges or universities you have attended must be sent directly to the Registrar's Office by the institutions you attended, unless they provide it to you in a sealed envelope. A **Transcript Request Form** is included in this application packet for your convenience.

Reference Forms

Submit the enclosed reference forms to your pastor, a church official, and an employer, teacher or business associate. Your referee can send the reference form directly to Master's. If it is returned to you, it should be in a sealed envelope with the signature of the referee across the seal of the envelope, to ensure confidentiality. **Reference Forms cannot be completed by relatives. Please contact the Registrar's Office if you need any assistance in determining who can complete the Reference Forms.**

International Applicants

See Admissions Information in the Catalogue for additional requirements.

Notification of Admission

When all of the required information is received, the Admissions Committee will review your file and you will be notified by phone and/or mail of its decision. You will be contacted if Master's does not receive one or more of the required reference forms or transcripts.

Credentials with the PAOC/PAON

The completion of the ministerial diploma, Bachelor of Religious Education or Bachelor of Theology programs *only* satisfies the educational requirements for credentials with the Pentecostal Assemblies of Canada and the Pentecostal Assemblies of Newfoundland. Additional information regarding the other requirements necessary for obtaining ministerial credentials is available from the district office of the PAOC/PAON.

Contact Information

Website

<http://www.mcs.edu>

Telephone Number

(416) 482-2224 ext 241 or (800) 295-6368 ext. 241

Fax

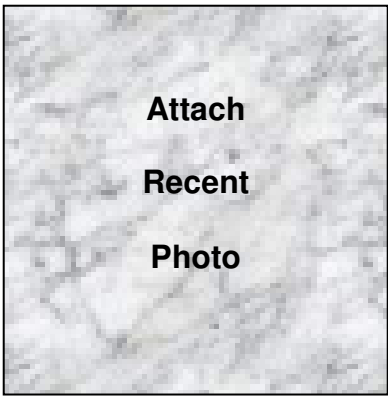
(416) 482-7004

Admissions

Flora Anthony: flora.anthony@mcs.edu

Registrar

Rev. Merv Anthony: merv.anthony@mcs.edu



Return the completed Application Form to:

**Master's College and Seminary
Registrar's Office
282 Cummer Avenue
Toronto, ON M2M 2E7**

ALL information will be held in strict confidence.

For Office Use Only
Application Fee: _____
Received: _____
Application #: _____
Accepted: _____

Name: _____ Male Female
Surname First Middle

Present Address: _____
Street City Province/State Postal/Zip Code

Permanent Address: _____
(√ If Same as Above) Street City Province/State Postal/Zip Code

Telephone Numbers: _____
Home Cell Work

Email Address: _____ Marital Status: Single Married

Date of Birth: _____ Country of Birth: _____
Month/Day/Year Age

Status in Canada: Canadian Citizen Permanent Resident Student Visa Other: _____

If you are studying on a Student Visa, what is your Country of Citizenship? _____
(A copy of your Student Visa must be submitted to the Registrar's Office prior to the start of the semester.)

Social Insurance Number _____
(Canadian Citizens and Permanent Residents must include a photocopy of their SIN card with their application.)

Person to contact in case of emergency: _____

Relationship to Applicant: _____ Phone Number: _____

Denomination Affiliation (e.g. PAOC, PAONL, Independent): _____ If you are a PAOC applicant, please indicate the PAOC District your church is located in:

- Maritimes Quebec Eastern Ontario
 Western Ontario Other (Please specify): _____

Name and address of Church you attend: _____

Enrollment Information

Have you applied to Master's previously? Yes No If yes, when: _____

How did you learn about Master's? (Check all that apply)

- Relatives/Friends Attended Master's Website Campus Visit Attended College Days
 Information at my Church Master's Music Group Other: _____

When do you plan to start your studies: Fall 20_____ Winter 20_____ Summer 20_____

Have you, or will you, graduate from high school prior to the start of the term you are planning to enroll? Yes No (Note: If no and you want to be considered as a Mature Student, please see our Mature Student Policy for additional requirements that Mature Students must meet.)

Are you presently attending an educational institution? Yes No If yes, please provide the name of the institution and have an interim report sent *directly* to the Registrar's Office. _____

Have you ever been expelled, or refused admission or re-admission, by an educational institution? Yes No *If yes, please explain on a separate sheet.*

Students with Special Needs: (Completion of this question is voluntary). Do you have any special physical or learning requirements for your study at Master's? Yes No *If Yes, are you including or forwarding any documentation of your learning disabilities?*
 Yes No

Please list all educational institutions you have attended, including high schools, colleges, and universities. Final transcripts from each institution should be sent *directly* to the Registrar's Office, unless the institution provides it to you in a sealed envelope.

Name of Institution & Address	Years Attended	Graduated (Yes or No)	Certificate/Diploma/Degree

Please select the **Program** and **Location** you want to enroll in:

1. a) Programs Available at Toronto Campus or Alternate FIRST YEAR Sites

The following programs are fully available at the Toronto Campus; the first year of these programs is also available at one of our Alternate FIRST YEAR Sites:

Christian Ministry Certificate (Christian Studies) (1-Year Program) (Students who are ONLY planning to do one year of studies at the Toronto Campus or at one of the Alternate FIRST YEAR Sites, should choose this program. If students decide to continue their studies after the completion of this Certificate program, all of the courses can be used towards the completion of the Diploma, B.Th or BRE programs. Some slight modifications in course selection will be made for BRE students.)

Ministerial Diploma (3-Year Program)

Bachelor of Theology (4-Year Program)

Pastoral Ministry Youth Ministry

Bachelor of Religious Education (Pastoral Ministry) (2-Year Program) *(For students who have completed at least two years of University or who have graduated with a two- or three-year Community College diploma.)*

1. b) I want to do my first year of studies at:

Toronto Campus Do you need assistance in locating accommodations in Toronto? Yes No *If yes, you can check our website and we will also be in contact with you regarding accommodations.*

Alternate FIRST YEAR Site (Please Specify): _____ (See our website (www.mcs.edu) for a current listing of our Alternate FIRST YEAR Sites).

2. Programs Available via Distance Education:

The following programs are fully available via Distance Education. Students have the option of doing courses via the Internet or at a Distance Education site if they are within commuting distance. Please check our website (www.mcs.edu) for a current listing of our DE sites.

Christian Ministry Certificate (Church Leadership) (1-Year Program) (This certificate satisfies the educational requirements for the Recognition of Ministry (ROM) credential with the PAOC.)

Ministerial Diploma (3-Year Program)

Bachelor of Religious Education (Pastoral Ministry) (2 Year Program) *(For students who have completed at least two years of University or who have graduated with a two- or three-year Community College diploma.)*

NOTE: Interested in our Bachelor of Theology program? Contact the Registrar's Office at 1-800-295-6368 to explore your options.

3. Program Available for Intercultural students: Please specify your cultural group: _____

Christian Ministry Certificate (1-Year Program)

NOTE: Intercultural students who want to do a diploma or degree program may need to do courses at the Toronto campus or via the Internet, unless there is sufficient students in their cultural group who also want to pursue a diploma or degree program. To enroll in courses at the Toronto campus or via the Internet, intercultural students will need to demonstrate their proficiency in English.

Health, Employment and Financial Information

Do you have any communicable diseases? Yes* No

Do you have any physical problems that may limit your ability to pursue your studies? Yes* No

Have you been diagnosed with any emotional or mental disorders that may limit your ability to pursue your studies?
 Yes* No

**If you answered yes to any of above, please explain on a separate sheet.*

Name of Employer	Type of Work	Length of Employment
<i>Current</i>		
<i>Former</i>		
<i>Former</i>		
<i>Former</i>		

What is your total debt load, not including your vehicle and mortgage payments? _____

How do you plan to finance your education? (Check all that apply)

<input type="checkbox"/> Savings	Amount	\$ _____	<input type="checkbox"/> Parents*	Amount	\$ _____
<input type="checkbox"/> Scholarship		\$ _____	<input type="checkbox"/> Sponsor*		\$ _____
<input type="checkbox"/> Loan		\$ _____	<input type="checkbox"/> Other (_____)		\$ _____
			Specify		

*As the parent/sponsor, I/we agree to assist the applicant in the amount specified. _____
 (Parent/Sponsor's Signature)

Personal Testimony Answer the following questions. Use extra paper if needed.

- Where and when did you accept Christ as your personal Saviour?

- During the past 12 months have you been leading a Christian life as defined by Master's College and Seminary Conduct Code? Yes No If no, please explain.

- How do you live out your Christian life daily?

Health History Form (Confidential)

Master's College and Seminary Registrar's Office, 282 Cummer Avenue, Toronto, ON M2M 2E7

Name: _____ Male Female
Surname First Middle

Date of Birth: _____ Health Insurance Number: _____ Province: _____
Month/Day/Year

Person to contact in case of emergency: Same as Above or: _____

Relationship to Applicant: _____ Phone Number: _____

1. Are you subject to the following?

- Asthma Yes No
- Diabetes Yes No
- Epilepsy Yes No
- Do you take insulin? Yes No

2. Have you ever had the following?

- Tuberculosis Yes No If yes, specify dates: _____
- HIV Yes No If yes, specify dates: _____
- Rheumatic Fever Yes No If yes, specify dates: _____
- Hepatitis Yes No If yes, specify dates: _____
- Malaria Yes No If yes, specify dates: _____

3. Do you have any drug allergies? Yes No If yes, please specify: _____

4. Do you have any food allergies? Yes No If yes, please specify: _____

5. Are you currently on any medication? Yes No If yes, please specify: _____

6. Have you received, or are you presently receiving, psychiatric or professional counselling? Yes No If yes, please provide summary.* _____

7. Please provide dates of most recent immunizations:

Tetanus: _____ Diphtheria: _____

Polio: _____ TB Skin Test: _____ Positive Negative

8. Please list any hospitalizations or surgeries you have had*. _____

9. Please list any significant diseases or disabilities you have had or currently have*. _____

I hereby declare that all information presented on this form is accurate and complete. I give permission for emergency medical information and/or hospitalization to be disclosed to the emergency contact specified above.

Applicant's Signature: _____ Date: _____

* Use separate sheet if necessary to provide a fuller explanation.

CONDUCT CODE

To ensure an effective witness, all members of Master's College and Seminary are expected to abide by the following Conduct Code. As a member of Master's College and Seminary I will:

1. maintain Christ-like attitudes of humility, thoughtfulness, and kindness toward others, consistent with being part of a Christian community (Philippians 2: 4);
2. respect the authorities which God has established (Romans 13: 1-7);
3. maintain a high standard of sexual morality, refraining from immoral behaviour including, but not limited to, pre-marital sexual activity, adultery, homosexuality, incest, involvement with pornography (I Corinthians 6: 9-10, Romans 1: 26-27);
4. maintain ethical standards consistent with Biblical principles, including integrity in relationships, refraining from improper behaviour including, but not limited to, gossip, cheating, stealing, vulgarity, profanity, and all forms of harassment (Ephesians 4: 25-32);
5. maintain evidence of a separated lifestyle, refraining from alcohol, tobacco, the abuse of drugs, gambling, involvement with the occult, and any activity that would be offensive to the Christian community (Romans 14: 13, I Corinthians 8: 9-13, Ephesians 5: 3-18);
6. refrain from improper involvement with the print, electronic and broadcast media and other forms of entertainment that are detrimental to spiritual growth in oneself and others (Matthew 12:35, Romans 12: 1, 2 and Philippians 4: 8);
7. maintain Christ-like attitudes and behaviour in relationships with the wider community, including courtesy, humility, respect, and caring (Ephesians 5: 15-17, Colossians 4: 5-6).

Any behaviour, either on campus or off, which indicates that a student has little desire to live a life honouring God, or which gives evidence of disregard for Master's College and Seminary's standards, is sufficient reason for dismissal. Students, by virtue of their enrolment, agree to live within the framework of this Conduct Code. While some may not have personal convictions in accord with these standards, agreeing to them obligates the individual to follow them while they are attending Master's, including Christmas and summer breaks. Deviations from these standards may be considered as grounds for dismissal or denial of re-admission to Master's. If an internship is terminated because of a breach of this Conduct Code the student may be required to appear before the Disciplinary Committee.

If accepted, I agree to abide by the rules and regulations of Master's College and Seminary as outlined in this Conduct Code as well as in the Student Handbooks of MCS. While enrolled as a student I will conduct myself honourably at all times. I understand that Master's operates under the Statement of Faith of the Pentecostal Assemblies of Canada.

Name: _____ Date: _____
(Please Print)

Signature: _____

**Master's College and Seminary
Mentoring Placement Information**

NOTE: Completion of this Form is ONLY required if Distance Education Students

Make sure you read the Student Mentoring Handbook, available at <http://www.mcs.edu/Mentoring/handbooks.html> prior to completing this form. Completion of this form will assist us in making an appropriate mentoring/ministry placement if our assistance is needed.

Name: _____ Age: _____

Address: _____

Telephone Numbers: _____
Home Cell Work

Email Address: _____

1. What program are you enrolling in?

- Christian Ministry Certificate (Church Leadership)
- Ministerial Diploma
- Bachelor of Religious Education (Pastoral Ministry)

2. What kind of ministry experience have you had? (circle all that apply)

- | | | | | | |
|------------|------------------|-----------------|----------|-------------------|----------|
| a. Youth | c. Children | e. Small Groups | g. Music | i. Outreach | k. _____ |
| b. Worship | d. Sunday School | f. Sound System | h. Choir | j. Administrative | l. _____ |

Explain: _____

3. What kind of church would you like to be placed in? (circle all that apply)

- | | | | |
|--------------------|-----------------|-----------------------------|-----------------|
| a. Intercity/Urban | c. Large | e. Different Culture: _____ | g. Contemporary |
| b. Small | d. Church Plant | f. Traditional | |

Explain: _____

4. Will you have use of a vehicle during the school year: Yes No

5. Have you been mentored before? Yes No

Explain: _____

6. How would you describe your personality? (circle all that apply)

- | | | | |
|-------------|---------------|----------------|-------------|
| a. Outgoing | d. Thoughtful | g. Take Charge | j. Reliable |
| b. shy | e. Cheery | h. Carefree | k. _____ |
| c. Reserved | f. Caring | i. Responsible | l. _____ |

Please inform Brigitte Cassetta via email brigitte.cassetta@mcs.edu as to who your mentor will be. Also if you need assistance in locating a mentor or ministry placement, you can contact Brigitte via email or phone 416-482-2224 ext. 240.

8. Using the scale below, evaluate the applicant in the areas listed. Circle the appropriate response.

	Poor	Average			Exceptional	Unknown
Christian Character/ Integrity	1	2	3	4	5	6
Commitment to Christ	1	2	3	4	5	6
Potential for Ministry	1	2	3	4	5	6
Response to Authority	1	2	3	4	5	6
Dependability	1	2	3	4	5	6
Communication Skills	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Emotional Stability	1	2	3	4	5	6
Self-Confidence	1	2	3	4	5	6
Acceptance by Peers	1	2	3	4	5	6
Marital/Family Relationships	1	2	3	4	5	6
Overall Evaluation of the Applicant's suitability for Training	1	2	3	4	5	

9. Do you recommend this applicant for admission to *Master's College and Seminary*?
 Yes No Comment, if necessary.

10. Use the space below or a separate page for other comments that might assist us in our assessment of the applicant.

Signature: _____ Date: _____

Church Official's Reference

Master's College and Seminary Registrar's Office, 282 Cummer Avenue, Toronto, ON M2M 2E7

To the applicant: Print and sign your name below and submit this form to a Church Official in your church (i.e. anyone in a leadership position in your church such as a Pastor, Board Member, Sunday School Superintendent). By signing and/or providing this form to a referee you are waiving your right of access to see this reference form with the understanding that signing this waiver is **not** required as a condition for admissions.

Applicant's Name

Applicant's Signature

To the Church Official: Please complete this form as carefully and frankly as possible as your insights are an important component in our final decision. Once completed, this form can be sent directly to the Registrar's Office at Master's. If it is returned to the applicant, it should be in a sealed envelope with your signature on the seal of the envelope to ensure confidentiality. Thank you for your assistance. If you have any questions, contact the Registrar's Office at 1-800-295-6368.

Church Official's Name: _____ Position: _____

Church: _____ Phone Number: _____

Address: _____
Street City Province/State Postal/Zip Code

1. How long have you known the applicant? _____ Years **(Please note that Reference Forms cannot be completed by relatives.)** Very Well Fairly Well Casually

2. What association have you had with the applicant?

3. How does the applicant interact with people outside of the church?

4. What contribution has the applicant made to the life and work of the church?

5. Comment on any strengths, spiritual gifts, or ministerial abilities that the applicant has.

6. Comment on any weaknesses or drawbacks that may pose problems in the ministry.

7. a) How will attending Master's College and Seminary benefit this applicant?

b) Do you know of any factors that would hinder the applicant's studies? If so, please explain.

8. Using the scale below, evaluate the applicant in the areas listed. Circle the appropriate response.

	Poor	Average			Exceptional	Unknown
Christian Character/ Integrity	1	2	3	4	5	6
Commitment to Christ	1	2	3	4	5	6
Response to Authority	1	2	3	4	5	6
Dependability	1	2	3	4	5	6
Communication Skills	1	2	3	4	5	6
Emotional Stability	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Self-Confidence	1	2	3	4	5	6
Choice of Associates	1	2	3	4	5	6
Acceptance by Peers	1	2	3	4	5	6
Marital/Family Relationships	1	2	3	4	5	6
Overall Evaluation of the Applicant's Suitability for Training:	1	2	3	4	5	

9. Use the space below or a separate page for other comments that might assist us in our assessment of the applicant.

Signature: _____

Date: _____

Personal Reference

Master's College and Seminary Registrar's Office, 282 Cummer Avenue, Toronto, ON M2M 2E7

To the applicant: Print and sign your name below and submit this form to an employer/teacher/business associate or someone else who knows you well enough to complete the form. By signing and/or providing this form to a referee you are waiving your right of access to see this reference form with the understanding that signing this waiver is **not** required as a condition for admissions.

Applicant's Name

Applicant's Signature

To the Referee: Please complete this form as carefully and frankly as possible as your insights are an important component in our final decision. Once completed, this form can be sent directly to the Registrar's Office at Master's. If it is returned to the applicant, it should be in a sealed envelope with your signature on the seal of the envelope to ensure confidentiality. Thank you for your assistance. If you have any questions, contact the Registrar's Office at 1-800-295-6368.

Referee's Name: _____ Occupation: _____

Institution/Business: _____ Phone Number: _____

Address: _____
Street City Province/State Postal/Zip Code

1. How long have you known the applicant? _____ Years (**Please note that Reference Forms cannot be completed by relatives.**) Very Well Fairly Well Casually

2. What association have you had with the applicant?

3. Do you consider the applicant intellectually capable for intensive studies at the post-secondary level? Explain.

4. In what areas do you believe the applicant will excel as a student?

5. In what areas do you believe the applicant will need assistance as a student?

6. Is the applicant frequently absent due to illness or other reasons?

7. Using the scale below, evaluate the applicant in the areas listed. Circle the appropriate response.

	Poor	Average	Exceptional		Unknown	
Oral Expression	1	2	3	4	5	6
Written Expression	1	2	3	4	5	6
Organizational Skills	1	2	3	4	5	6
Willingness to Learn	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Dependability	1	2	3	4	5	6
Emotional Stability	1	2	3	4	5	6
Integrity	1	2	3	4	5	6
Response to Authority	1	2	3	4	5	6
Self-Confidence	1	2	3	4	5	6
Choice of Associates	1	2	3	4	5	6
Acceptance by Peers	1	2	3	4	5	6
Overall Evaluation of the Applicant's suitability for training	1	2	3	4	5	

8. Use the space below or a separate page for other comments that might assist us in our assessment of the applicant.

Signature: _____ Date: _____

Transcript Request Form

Applicants can use this Transcript Request Form to request that their official transcripts are sent directly to the Registrar's Office at Master's College and Seminary. Please do not send this Form to Master's since we cannot order transcripts for you.

To: Student Records

Name of Institution You Attended: _____

Address: _____

Please send an official transcript to *Master's College and Seminary* at the address below. I have enclosed the appropriate fee.

Student Name: _____

Address: _____

Phone Number: _____ Student Number: _____

I attended this institution from _____ to _____

Student's Signature: _____ Date: _____

To the School: Please attached this form to the transcript and send directly to:
Master's College and Seminary,
Registrar's Office
282 Cummer Avenue
Toronto, ON M2M 2E7

Transcript Request Form

Applicants can use this Transcript Request Form to request that their official transcripts are sent directly to the Registrar's Office at Master's College and Seminary. Please do not send this Form to Master's since we cannot order transcripts for you.

To: Student Records

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Student Name: _____

Address: _____

Phone Number: _____ Student Number: _____

I attended this institution from _____ to _____

Student's Signature: _____ Date: _____

To the School: Please attached this form to the transcript and send directly to:
Master's College and Seminary,
Registrar's Office
282 Cummer Avenue
Toronto, ON M2M 2E7