



# Distance Learning Masters Program in PHILOSOPHY OR THEOLOGY

## HOLY APOSTLES COLLEGE & SEMINARY

Distance Learning Office  
33 Prospect Hill Road  
Cromwell, CT 06416  
Telephone: (860) 632-3015

### APPLICATION FOR ADMISSION

#### CONTACT INFORMATION

Title \_\_\_\_\_ (Mr., Miss, etc.)

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Name on Transcripts, if different)

Mailing Address: \_\_\_\_\_  
(No. & Street)

\_\_\_\_\_ (City) (State) (Zip Code)

\_\_\_\_\_ (County) (Country)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your Primary E-Mail Address: \_\_\_\_\_

#### BIOGRAPHICAL INFORMATION

Gender:  Male  Female Birth Date (MM/DD/YY): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

#### ACADEMIC PROGRAM OF INTEREST

- Personal Interest for Credit (non-Major)
- Master of Arts in Philosophy
- Master of Arts in Theology - Please Check Concentration Below (Theology Majors Only):
  - Moral Theology  Dogmatic Theology  Sacred Scripture  Church History  Bioethics

Is this the first time you will be enrolling in Masters level college courses?  Yes  No

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### ACADEMIC HISTORY

List all colleges or universities from which transcripts will be sent. *(If there are more than five schools, please attach an additional sheet.)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### TESTING MONITOR INFORMATION

*You must find a testing monitor to proctor each final exam. This person must be a teacher, CLEP test administrator, priest or religious. The testing monitor will be compensated \$36 by Holy Apostles College and Seminary for each exam.*

Name: \_\_\_\_\_  
*Title (Mr., Miss, etc.)                      (First)                      (Middle)                      (Last)*

Mailing Address: \_\_\_\_\_  
*(No. & Street)*  
\_\_\_\_\_  
*(City)    (State)    (Zip Code)*

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

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

### TO APPLY

- 1) Completely fill out the application form, including Signature and Date.
- 2) Enclose an application fee of \$25. Please do *NOT* enclose tuition payment until you are registering for a course.
- 3) Request that all official transcripts be forwarded to the *Distance Learning Office, Holy Apostles College and Seminary*.

#### APPLICATION DEADLINES:

<u>Academic Term</u>	<u>Deadline</u>
Fall	July 15

# HOLY APOSTLES COLLEGE & SEMINARY

## APPLICATION FOR ADMISSION

The following section is meant to assist Holy Apostles College in meeting Federal and State requirements regarding annual reports on the student body. **This information is completely voluntary and will be kept confidential.** This information will not be used for any type of discrimination; Holy Apostles College is an Affirmative Action/Equal Opportunity Institution.

### Race

- |  |  |
|--|--|
| <input type="checkbox"/> Black, Non-Hispanic               | <input type="checkbox"/> Hispanic                |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White, Non-Hispanic     |
| <input type="checkbox"/> Asian or Pacific Islander         | <input type="checkbox"/> I choose not to respond |

### U.S. Citizenship

- |   |   |
|---|---|
| <input type="checkbox"/> I am a United States Citizen                               | <input type="checkbox"/> I am a Foreign Student here on another type of Visa    |
| <input type="checkbox"/> I am a naturalized Citizen                                 | <input type="checkbox"/> I am a permanent U.S. resident (green card)            |
| <input type="checkbox"/> I have applied for Citizenship in the U.S.                 | <input type="checkbox"/> I do not reside in the U.S. and I am not a U.S Citizen |
| <input type="checkbox"/> I am an International Student in the U.S on a Student Visa | <input type="checkbox"/> I choose not to respond                                |

## TERMS OF ACCEPTANCE

I understand that the Refund Policy of Holy Apostles College and Seminary is as follows:

Refunds are calculated from the date a student withdraws from a particular course, and are applicable to the cost of tuition only (video tape and audio tape costs are not covered by the refund formula). The following table indicates the allowable refund, based on the date of withdrawal.

<u>Date of Withdrawal</u>	<u>Percentage of Tuition to be Refunded</u>
On or before the <u>First</u> Friday after the start of the Semester	75%
On or before the <u>Third</u> Friday after the start of the Semester	50%
On or before the <u>Fifth</u> Friday after the start of the Semester	25%
Beyond the Fifth Friday of the Semester	0%

To the best of my knowledge and belief, the information given on this application is complete and accurate. I realize that failure to disclose fully and accurately all facts relating to this application can result in dismissal. If admitted, I will comply with all rules and regulations of the college.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* MAILING INFORMATION \*\*\*

Please send this application along with the \$25 application fee and all related material to:

**DISTANCE LEARNING COORDINATOR  
HOLY APOSTLES COLLEGE & SEMINARY  
33 PROSPECT HILL ROAD  
CROMWELL, CT 06416**