



# THE SHAW UNIVERSITY DIVINITY SCHOOL

RALEIGH, NORTH CAROLINA 27601, U.S.A.

## APPLICATION FOR ADMISSION

**AN APPLICATION FEE OF \$50.00 IS REQUIRED AND IS TO BE SUBMITTED  
ALONG WITH APPLICATION**

**PLEASE RETURN COMPLETED  
APPLICATION TO  
Shaw University  
Admissions and Recruitment  
118 E. South Street  
Raleigh, North Carolina 27601  
  
(919) 546-8275/8276  
1 (800) 214-6683  
Fax no. (919) 546-8271**

<b>OFFICE USE ONLY</b>	
Date Received	_____
Application Fee	_____
Accepted	_____
Rejected	_____
(Rev:    /    )	

This application should be completed in detail. Please N/A if any question is NOT APPLICABLE

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Sex Race (Optional)

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizenship/Country \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip County

Mailing Address \_\_\_\_\_  
Street City State Zip County

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Marital Status    Married    Single    Divorced    Widowed    Separated

Circle No. of Children    1 2 3 4 5 6 7 8 9 10 More \_\_\_\_\_ Ages \_\_\_\_\_

Circle semester you wish to re-enter:    Fall 20 \_\_\_\_\_    Spring 20 \_\_\_\_\_    Summer 20 \_\_\_\_\_

Are you a Veteran?    Yes \_\_\_\_\_    No \_\_\_\_\_    If Veteran, Branch \_\_\_\_\_    Veteran claim no. \_\_\_\_\_

Disabled Veteran?    Yes \_\_\_\_\_    No \_\_\_\_\_    Spouse or child of deceased Veteran?    Yes \_\_\_\_\_    No \_\_\_\_\_

Member of \_\_\_\_\_    My Pastor is \_\_\_\_\_  
Name of Church    Name of Pastor

Pastor's Address \_\_\_\_\_  
Street City State Zip County

I would like to enter The Shaw University Divinity School     Fall 20\_\_     Spring 20\_\_     Summer 20\_\_

Denominational Affiliation \_\_\_\_\_  
Master of Divinity Degree \_\_\_\_\_

Master of Religious Education Degree \_\_\_\_\_

High School attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

HS Address \_\_\_\_\_  
Street City State Zip County

College attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

College Address \_\_\_\_\_  
Street City State Zip County

Undergraduate Degree Received \_\_\_\_\_

Graduate School attended \_\_\_\_\_ Degree Date \_\_\_\_\_

Graduate School Address \_\_\_\_\_  
Street City State Zip County

Graduate Degree Received \_\_\_\_\_

Complete if Applicable

Licensed as a minister on \_\_\_\_\_ Date \_\_\_\_\_ Licensing Church \_\_\_\_\_ Name \_\_\_\_\_

Ordained as a minister on \_\_\_\_\_ Date \_\_\_\_\_ Ordination Church \_\_\_\_\_ Name \_\_\_\_\_

Pastor of the following church(es)

Name of Church Address of Church  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give the complete names and addresses of two people, other than relatives, from whom recommendations may be secured.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete one of the following: This should be done immediately!

I am requesting that a transcript of my high school work be sent to you on \_\_\_\_\_ Date \_\_\_\_\_

I am requesting that a transcript of my college work be sent to you on \_\_\_\_\_ Date \_\_\_\_\_

**Shaw University**  
**Admissions and Recruitment**  
**118 E. South Street**  
**Raleigh, North Carolina**  
**27601**

**(919) 546-8275/8276**  
**1 (800) 214-6683**  
**Fax no. (919) 546-8271**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

We are indeed happy that you have chosen to apply for admission to our school. In order that we may consider your request for admission without delay, the following steps are necessary.

- ☑ Complete the Application for Admission Form.
- ☑ Return the completed application along with a fifty dollars (\$50.00) non-refundable application fee.
- ☑ Please have your school forward us an **official** copy of your undergraduate transcript.
- ☑ Write a short essay entitled "Why I wish to attend Shaw University Divinity School" according to the guidelines included.
- ☑ Have your physician complete and return the enclosed Medical Form.
- ☑ Have two (2) reference forms completed and returned to the address on the form.

**Tuition.** Cost per course is \$1167.00.

**Financial Aid.** An application for financial aid may be requested from the Financial Aid Office.

So that admission notification and other notices of importance may reach you promptly, please follow through with all requirements and have all information returned to the Admissions Office in accordance with the following schedule:

July 30 – If applying for the Fall Semester  
November 30 – If applying for the Spring Semester  
April 30 – If applying for the Summer Semester

Thank you for your interest in the Shaw University Divinity School.

**SHAW UNIVERSITY**  
**118 EAST SOUTH STREET**  
**RALEIGH, NORTH CAROLINA 27601**  
**2003-2004**  
**GRADUATE SCHOOL**  
**EXPENSE SHEET**

**Tuition and Fees**

**Full Time Students:**

**\* (Tuition charges are based on the assumption that full-time students will take an average of nine (9) Semester Credits per semester).**

Tuition for degree candidates is **\$389.00** per credit hour. The charge for a three-hour credit course is **\$1,167.00**. All tuition & fees must be **paid in full at the time of registration**.

**Part Time Students:**

Students registered for part time study are those who enroll in less than a nine-semester hour course load. Tuition is **\$389.00** per credit hour course and must be **paid in full at the time of registration**.

**Students are responsible for purchasing their textbooks.**

	Per Semester	Per Year
Tuition (Full-time 9hrs.)	3501.00	7,002.00
Administrative Fee	373.00	746.00
Technology Fee	127.00	254.00
<b>Total Cost :</b>	<b>Per Semester: 4,001.00</b>	<b>Per Year: 8,002.00</b>

**Other Fees**

**APPLICATION FEE: 50.00**

Graduation Fee:	150.00
Transcript Fee: (each)	5.00
Late Registration Fee:	50.00

**Personal checks will not be accepted for payment of fees during registration. Students should come prepared to pay with cash, certified check, credit card or money order.**

**THE SHAW UNIVERSITY DIVINITY SCHOOL  
P.O. BOX 2090  
RALEIGH, NORTH CAROLINA 27602-2090**

STUDENT REFERENCE FORM

We are considering the application of \_\_\_\_\_ for entrance to the  
Name of Applicant  
Shaw University Divinity School and your name have been given as a reference.

**Instructions:**

Please answer the following questions regarding the applicant as frankly and fully as possible. If you have no basis for judgment, please disregard the item or question. Your reply will be held in confidence.

1. How long have you know the applicant? \_\_\_\_\_
2. In what relationship? \_\_\_\_\_
3. Is there any question about the applicant's character? \_\_\_\_\_
4. In your opinion, does the applicant have any personal habits which would hinder effective ministry? \_\_\_\_\_
5. In what phase of ministry is applicant now engaged? \_\_\_\_\_

*(Please indicate by check mark the statement that most correctly characterizes the applicant)*

**Judgment** \_\_\_\_\_

Uses poor judgment	Misinterprets situations and people	Actions usually passive in nature	Actions usually well-grounded	Judgment considered and respected by others
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**Character** \_\_\_\_\_

Unbecoming in nature	Characterized by immaturity	Somewhat passive	Increasing in maturity	High degree of maturity. Respected
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**Christian**

**Commitment** \_\_\_\_\_

Evidences little or no commitment	Moderately committed	Seems to be developing a deeper sense of commitment	Highly committed	Inspires others to a higher commitment
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**Leadership** \_\_\_\_\_

Shuns responsibilities	Prefers plans of others	Will take responsibilities if asked. Leads in minor affairs	Often shows initiative	seeks places of service. Accepted by others as genuine leader
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Can you in good conscience recommend applicant for entrance here? \_\_\_\_\_

Thank you for your prompt attention to our request.

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

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

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

Position & Title: \_\_\_\_\_

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

\_\_\_\_\_

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

Please mail this statement to: Office of Admissions  
Shaw University Divinity School  
P.O. Box 2090  
Raleigh, NC 27602-2090

# THE SHAW UNIVERSITY DIVINITY SCHOOL ESSAY

(Why I wish to attend Shaw University Divinity School)

This essay should be approximately two (2) pages. It should include the following items:

1. Pertinent data about your background.
2. Your call to the ministry.
3. Your educational background
4. Your educational needs (weakness).
5. Goals in the ministry and special interests, gifts, etc.
6. What do you expect from Shaw University Divinity School?

**SHAW UNIVERSITY DIVINITY SCHOOL  
P.O. BOX 2090  
RALEIGH, NORTH CAROLINA 27602**

**TRANSCRIPT RELEASE FORM**

It is your responsibility to have a copy of your transcript forwarded to us from your former school or college for admission to our program.

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I have applied for admission to Shaw University Divinity School. Please forward an official copy of my transcript to the address below:

Admissions Officer  
P.O. Box 2090  
Raleigh, North Carolina 27602

I hereby authorize \_\_\_\_\_ to release a transcript (or GED  
Name of school/college  
scores) to Shaw University Divinity School.

Social Security # \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Name (used while attending school) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Phone# \_\_\_\_\_

Address \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Signature \_\_\_\_\_

**REMINDER:** Contact your former college(s) to determine their transcript fee. Then mail or present this form and transcript fee so that they may forward your transcript.

**ATTENTION COUNSELOR:**

Please forward the requested transcript as soon as possible.

**ATTACH THIS FORM TO THE TRANSCRIPT!**