

SHAW UNIVERSITY GRADUATE SCHOOL

Master of Divinity Program

Master of Religious Education



Application for Admission

118 E. South Street, P.O. Box 2090, Raleigh, NC 27602 919-546-8569/546-8570

Pro Christo Et Humanitate

College Attended _____

Address of College _____
No. & Street City State Zip

Undergraduate Degree Received _____ Major _____ Graduation Date _____

Graduate School Attended _____

Address of Graduate School _____
No. & Street City State Zip

Graduate Degree Received _____ Date _____

COMPLETE IF APPLICABLE

Licensed as a minister on _____ Date _____ Licensing Church _____ Name _____

Ordained as a minister on _____ Date _____ Ordination Body _____ 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 you will request recommendations.

Name _____ Name _____

Address _____ Address _____

Mail To: The Shaw University Divinity School
Office of Admissions
118 E. South Street
P.O. Box 2090
Raleigh, North Carolina 27602

Signature of Applicant

Date