



SAINT PHOTIOS ORTHODOX THEOLOGICAL SEMINARY
ΟΡΘΟΔΟΞΟΣ ΘΕΟΛΟΓΙΚΗ ΣΧΟΛΗ ΤΟΥ ΑΓΙΟΥ ΦΩΤΙΟΥ

APPLICATION FOR ADMISSION

510 Collier Way, Post Office Box 797, Etna, California 96027
Phone: (530) 467-3544 • E-mail: registrar@spots.school

This form is for applicants who do not hold U.S. Citizenship.

Applicant's Full Legal Name: _____

Phone Number: _____ Email Address: _____

Social Security or Passport Number: _____ Date of Birth: _____

Country of Citizenship: _____

Is the applicant fluent in English? Yes No

If no, what is the applicant's primary language? _____

Program of Study for which you are applying:

Bachelor of Theology (B.Th.) (4-year) Master of Theological Studies (M.T.S.)

Do you plan to apply for Seminary housing? Yes No

Application Requirements

Applications must be received by **April 15** of the year in which you plan to enroll, and must include the following:

1. A \$100 non-refundable application fee.
2. Birth Certificate (photocopy)
3. Baptismal Certificate (photocopy)
4. Marriage Certificate (if applicable; photocopy)
5. Ordination Certificate(s) (if applicable; photocopy)
6. Valid Passport (photocopy)
7. High School Diploma or Certificate of Completion
8. Official Transcripts and/or Certificates from all high school and higher learning institutions attended
9. Three Letters of Recommendation: (a) from one's Parish Priest or Spiritual Father (character reference); (b) from an academic advisor, professor, or instructor (academic evaluation); (c) from an employer or colleague (character reference).
10. A recent photograph
11. Autobiography of at least 500 words, including the reasons why the applicant desires to study at the Seminary. The autobiography will serve as a writing sample for the Application Review Board. Please contact the registrar if you would like to receive a grading rubric.
12. Evidence of proficiency in English language (recommended: TOEFL iBT Score Report)
13. Proof of medical insurance coverage valid in the United States must be produced before registering for classes. *Nota Bene:* All students must purchase their own health insurance and are responsible for any medical expenses they may incur during their studies. Before arrival, each new student will be asked to speak with the Seminary's Medical Advisor in order to determine whether he/she has any particular health issues that might affect his/her studies.

The personal and academic information supplied by the applicant forms an essential part of the Application for Admission. Failure to make written disclosure of information solicited on this form, or misrepresentation of information supplied, may result in a denial of admission. If such omissions or misrepresentations come to light after admission to the Seminary and are reasonably believed to cast doubt upon your suitability for Seminary study, you may be subject to dismissal from the Seminary. The Seminary provides its educational programs and services in compliance with applicable federal, state, and local laws. It is the prerogative of the Seminary to determine which applicants will be admitted. The Seminary administration reserves the right to determine the conditions under which seminarians and other students may continue in the Seminary programs or be required to withdraw.



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Personal Information

1. Applicant's Full Legal Name: _____
2. Baptismal Name (if different from legal name): _____
3. Country of Birth: _____
4. Permanent Address: _____

5. Current Mailing Address (if different from above): _____

6. Telephone Number: _____ Fax Number: _____
Mobile Number: _____ E-mail Address: _____

7. *Applicant's Father*

Full Legal Name: _____ Check if deceased.
Place and Date of Birth: _____ Religion: _____

8. *Applicant's Mother*

Full Legal Name: _____ Check if deceased.
Place and Date of Birth: _____ Religion: _____

9. *Marital Status*

Have you ever been married?

Yes No

If no, please skip to question 10. If yes, how many times have you been married?

Once Two or more times

What is your current marital status?

Married Divorced Widowed

10. *Applicant's Spouse (if applicable)*

Full Legal Name: _____ Check if deceased.
Place and Date of Birth: _____ Religion: _____

How many times has your spouse been married?

Once Two or more times



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11. Applicant's Dependents

Do you have any children or dependents?

Yes No

<i>Dependent Full Legal Name</i>	<i>Date of Birth</i>	<i>Does this he/she live with you?</i>	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

*if more than five dependents, please submit a separate sheet of paper with additional names/ages.

12. If you are accepted, will your family accompany you to the U.S. during your studies?

Yes No

Ecclesiastical Information

13. Jurisdiction: _____

14. Parish (Name and Address): _____

15. Parish Priest: _____ Telephone Number: _____

16. Have you received any ordination? If so, please check your ordinations below:

- Reader
- Subdeacon
- Deacon
- Priest

Disciplinary History

17. Have you ever been found responsible for a disciplinary violation at any education institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution.

Yes No

18. Have you ever been adjudicated guilty of or convicted of a misdemeanor, felony, or other crime? (Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.)

Yes No

*If you answered "yes" to either of these questions, please submit on a separate sheet a brief description and explanation of the incident(s) in question.



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Medical Information

19. Do you have any life-threatening illness or physical incapacity that might in any way impinge on your ability to participate fully in the Seminary's curriculum? If so, explain:

20. Do you have any allergies? If yes, please list them below:

22. Do you have any mental or physical disabilities? If yes, please list each disability below and provide a description of any accommodations which may need to be in place for you to access the social environment, educational content, and physical facilities at the Seminary. Further documentation may be requested.



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Signature

I, the applicant, have carefully reviewed this application. I certify that the information I have provided is accurate and complete to the best of my knowledge. I shall promptly amend the foregoing application should there be a change in any of the facts therein and shall notify the Seminary of such changes as they occur.

I understand that the Saint Photios Orthodox Theological Seminary will create a student record in my name, and that Seminary personnel will have access to this student record. I further understand that from the time I file my application with the Seminary, it is my responsibility to know all of the rules and requirements for my intended program of study.

I understand that the Seminary reserves the right to conduct a background check, including, but not restricted to, a police background check. I also acknowledge that the Seminary reserves the right to contact any or all of my references and to verify any of the claims made in this application or in the course of the application process.

I understand and agree that any false or misleading information or deliberate omission could be cause for denial of admission, rescission of admission offer, disciplinary action, dismissal, or revocation of degree if discovered at a later date.

I agree to abide by the regulations governing academic affairs and student conduct at the Saint Photios Orthodox Theological Seminary.

Applicant's Signature: _____ Date: _____

If Applicant is under 18 years of age, a guardian must sign and will be contacted to discuss the application.

Legal Guardian's Signature: _____ Date: _____

Legal Guardian's Phone Number: _____ Email: _____

NOTICE OF NONDISCRIMINATORY POLICY

The Saint Photios Orthodox Theological Seminary admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and other school-administered programs.

FOR ADMINISTRATIVE PURPOSES

Received by (admin name/title): _____

Date Received: _____ Date Reviewed: _____

Admission Decision (Accepted/Rejected) and Reason (if rejected): _____