

## **EVANGELICAL THEOLOGICAL SEMINARY CAIRO, EGYPT**

### **Application for Admission to the M.A.T.S. Program**

This application form must be returned to the following address no later than June 15, 2014 if the applicant hopes to enroll for the first semester of the academic year 2013-2014.

Dr. Michael Parker  
Director of Graduate Studies  
Evangelical Theological Seminary  
8 El Sekka El Beda  
Abbassia  
Cairo, Egypt

Telephone: (202) 2682-5680, or 2682-0574  
Fax: (202) 2685-7412  
E-mail: [mike.parker@etsc.org](mailto:mike.parker@etsc.org)

The application form should include the following:

1. Photocopy of identity card or the first three pages of the passport.
2. Four recent passport-size photos.
3. Official transcripts from all schools and colleges previously attended with records of all course results.
4. Evidence of the satisfactory fulfillment of the English language requirement: a minimum score of 500 on the ITP TOEFL (Institution Test Program), which corresponds to a 176 on the CBT (Computer Based TOEFL) or a 5.5 Band Score on the British IELTS (International English Language Testing System). Independent testing by universities will not be accepted. Test scores must be in the director's office before Sept. 1 of the year in which studies begin.
5. An application fee of Egyptian Pounds 60.00 (or US\$10.00).

Remember, the application and all necessary documents must be in the office of the coordinator by June 15, to be considered for admission in the following fall.

**For ETSC Official Use Only**

This application includes:

- Photocopy of identity card/passport
- Four recent passport-size photos
- Official certificates/transcripts of record
- TOEFL record
- The application fee

Attach  
one  
photo  
here

**The application should be either typed or written in blockletters using black ink.**

1. Name in accordance with identity card or passport	<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-top: 1px solid black; width: 25%; text-align: center;">First name</div> <div style="border-top: 1px solid black; width: 25%; text-align: center;">Second name</div> <div style="border-top: 1px solid black; width: 25%; text-align: center;">Third or family name</div> </div>
2. Date and place of birth as in identity card or passport	<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-top: 1px solid black; width: 15%; text-align: center;">Day</div> <div style="border-top: 1px solid black; width: 15%; text-align: center;">Month</div> <div style="border-top: 1px solid black; width: 15%; text-align: center;">Year</div> <div style="border-top: 1px solid black; width: 35%; text-align: center;">Place</div> </div>
3. Nationality according to identity card or passport	<div style="border-top: 1px solid black; height: 20px;"></div>
4. Address to be used in answering this application	<div style="border-top: 1px solid black; height: 40px;"></div>
Phone Number	<div style="border-top: 1px solid black; height: 20px;"></div>
Email	<div style="border-top: 1px solid black; height: 20px;"></div>

5. Sex and Marital Status	Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>
6. If married	<p>_____ Name of spouse _____ Number of children</p> <p>Would your family come to Cairo with you? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
7. Present position	<p>_____ Kind of work</p> <p>_____ Name of employer _____ Working hours</p>
8. Previous professional working experience and dates	
9. Field in which you wish to specialize	<p>Biblical Studies <input type="checkbox"/></p> <p>Middle Eastern Christianity <input type="checkbox"/></p> <p>Systematic Theology <input type="checkbox"/></p>
10. When do you expect to begin studies at ETSC?	<p>_____ Academic Year First Semester <input type="checkbox"/> Second Semester <input type="checkbox"/></p>
11. If admitted, would you apply for ETSC housing? Describe your housing needs (such as full-time or over-night accommodation).	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
12. Theological college attended	<p>_____ Name</p> <p>_____ Dates</p> <p>_____ Diploma Received</p>

13. University attended	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Dates <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Diploma Received <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Subject																																								
14. English Language Proficiency—TOEFL  Did you study English at university? Explain.	<div style="text-align: right; margin-bottom: 10px;">Circle Type of Exam:</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-around;"> <span>Date</span> <span>Score</span> </div> <div style="text-align: right; margin-bottom: 10px;"> TOEFL ITP  TOEFL CBT  British IELTS </div> <p>Students will not be allowed to begin classes without this test score.</p>																																								
15. Indicate your ability to use the foreign languages (ancient and modern) you have studied, by filling in the spaces with <i>good, fair, poor</i> , or leave blank	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Reading</th> <th style="width: 20%; text-align: center;">Speaking</th> <th style="width: 30%; text-align: center;">Writing</th> </tr> </thead> <tbody> <tr><td>English</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Greek</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Hebrew</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Latin</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Coptic</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>German</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>French</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Arabic</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Other</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		Reading	Speaking	Writing	English	_____	_____	_____	Greek	_____	_____	_____	Hebrew	_____	_____	_____	Latin	_____	_____	_____	Coptic	_____	_____	_____	German	_____	_____	_____	French	_____	_____	_____	Arabic	_____	_____	_____	Other	_____	_____	_____
	Reading	Speaking	Writing																																						
English	_____	_____	_____																																						
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Latin	_____	_____	_____																																						
Coptic	_____	_____	_____																																						
German	_____	_____	_____																																						
French	_____	_____	_____																																						
Arabic	_____	_____	_____																																						
Other	_____	_____	_____																																						
16. Honors and awards received																																									

17. Name and address of church or other religious organization to which you are accountable

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18. Please list the names, titles, and full addresses of two persons not related to you whom we may consult about you. These should be persons who are well acquainted with the quality of your academic work.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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19. List and describe any chronic health conditions that the Graduate Studies Office or those who might live near you should know about. Indicate also what current treatment or medication you are using for each condition.

20. Please describe briefly your professional/vocational experience.

21. Please describe your main intellectual interests and your reasons for wishing to undertake graduate studies at the present time. Please be specific. (You may continue on another page if necessary.)

22. On a separate sheet of paper, you **may** write any additional information you believe would be helpful to us as we consider your application. For example, this could include information that would help us understand you and your spiritual, intellectual, and professional formation, as well as those qualities and experiences that would commend you to our program.

\* \* \* \* \*

I certify that all statements on this application form are, to the best of my knowledge, true and complete. I authorize investigation of all statements contained therein. I understand that **any misrepresentation or omission made on the form renders the application unacceptable.**

\_\_\_\_\_  
Place and Date

\_\_\_\_\_  
Signature of applicant