

# OFFICE of COMMUNITY and CONTINUING EDUCATION PACIFIC SCHOOL OF RELIGION

1798 Scenic Avenue, Berkeley, CA 94709-1323 Phone: 510/849-8284 Toll free: 800/999-0528

Fax: 510/845-8948 E-mail: tel@psr.edu

Web site: www.psr.edu/tel

### Application for Admission - Certificate of Theological Education for Leadership (CTEL)

Applications are accepted throughout the year. The CTEL academic year begins in June, but students may begin at any point in the course cycle. Please complete and mail this application to the Office of Community & Continuing Education at the address above along with the following:

- A letter from your pastor, church board or other authorizing body, spiritual director, or personal reference who is acquainted with your spiritual or vocational journey. A reference form is provided on page 3 of this application.
- A \$30 non-refundable application fee. Please make your check payable to Pacific School of Religion. You will be notified of acceptance to the program when all required information has been received.

#### PERSONAL INFORMATION

Legal Name (Last/Firs	t/Middle)		
Preferred Name			
Address (Street)			
	ince/Country/Postal Code		
Phone □h □w □c		oh ow oc	
Email			
	Racial/Ethnic identity (optional		
Gender	Place of Birth (optional)		
LOCAL CHURCH ME	MBERSHIP OR RELIGIOUS AFFILIA	TION (if any)	
Name of Church, Insti	tution, or Organization		
Address (Street)			
	ince/Country/Postal Code		
Phone Number			
	this church, institution, or organization		
	L		
Denomination			

continued on page 2

### ${\bf Application \ for \ Admission \ - \ Certificate \ of \ Theological \ Education \ for \ Leadership \ (page \ 2)}$

Legal name (last/first/middle)			
<b>EDUCATION</b> (a minimum of a high	school diploma or GE	D is recommen	ded)
School		Dates	Degree
School		Dates	Degree
PARTICIPATION			
We encourage CTEL students to lear local area who are also interested in		ocal communit	ties when possible. Are there others in your
	organization (name)(name/s)		
Regular access to a computer with a do you plan to learn with CTEL?	high speed internet co	nnection and s	peakers, and a telephone is required. Where
□ at home or work □ at church □ other (please describe)			
The CTEL program includes optional interested in coming to PSR in Berke		ıs in Berkeley. 1	Please indicate whether you might be
□ orientation (June)	□ mid-year gathering	(October)	□ commencement (May)
COMMUNICATION			
÷ •	check regularly. Please		ongly encourage CTEL students to have if you do NOT have access to email and need
□ Please communicate with	me by: (describe)		
INTEREST			
Why are you interested in participat	ing in the CTEL progra	m?	
Thank you for your application to th	e CTEL program. Plea	se remember to	o include a reference and \$30 application fee.
Vour Signature			Date



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### Reference Form - Certificate of Theological Education for Leadership (CTEL)

TO BE COMPLETED BY THE A	PPLICANT
Name (last/first/middle)	
Phone ¬h¬w¬c	Email
Year for which you are seeking a	dmission: 20
application for admission. However may waive the right to see letters	ct of 1974 gives a student access to the information contained in his/her/er, in order to ensure that referrers are free to write confidentially an applicant of reference. Should the applicant decide not to waive the right, he/she will have I in a program at Pacific School of Religion.
If you, the applicant, waive the rig	tht to see letters of reference, please sign the following:
I hereby voluntarily waive this rig	tht in order to ensure the freedom of confidentiality to my referrer.
Signature of Applicant	Date
TO BE COMPLETED BY THE R	EFERRER
Name and Title	
Name of Church/Organization _	
Street Address	
City/State or Province/Country/	Postal Code
Phone □h □w □c	Email
I am alumnx of Pacific School of	Religion $\square$ No $\square$ Yes If Yes, Year:
How long have you known the a	pplicant?
In what capacity?	

#### **EVALUATION**

The Certificate of Theological Education for Leadership (CTEL) at Pacific School of Religion is a year-long, online
Christian lay education program for personal spiritual formation, lay leadership training, professional growth, or
continuing education.

More information about the program may be found at

http	://www.	psr.edu/te	d. At what	t level do	you recommend	this applicant?

- □ Recommend strongly
- □ Recommend
- □ Recommend with reservation
- □ Do not recommend

In the space below or on a separate sheet, please include your typed evaluation of the applicant. In your evaluation elaborate on your overall recommendation above and address professional, academic, and/or personal strengths, weaknesses, and areas of growth of the applicant that might impact the applicant's participation in the CTEL program.

Thank you for taking time to candidly evaluate this applicant. Your assessment is very important to us.

Signature of Referrer	Date	

#### INSTRUCTIONS FOR SENDING REFERENCES

- □ Please sign above and keep a copy for your records in case this reference is lost in the mail.
- □ Seal the reference form with evaluation in an envelope.
- □ Sign across the seal of the envelope.
- □ Send to the Office of Community and Continuing Education/CTEL at the address on the top of this page.