



All materials should be forwarded to:
Admissions
Aquinas Institute of Theology
23 South Spring Avenue
St. Louis, MO 63108
(314) 256-8800
(800) 977-3869

AUGUST 2013 COHORT: Classes start July 7, 2013

APPLICATION DEADLINE DATE: June 1, 2013

APPLICATION MATERIALS REQUIRED:

1. A completed Application for Admission to the Master of Arts in Health Care Mission Program (attached).
2. Official transcripts of all undergraduate and graduate coursework sent directly by the institution(s) that you attended.
3. Three letters of recommendation from colleagues familiar with your experiences and leadership potential in Catholic health care ministry. Letters of recommendation may be sought from colleagues, supervisors, leadership of religious communities (if applicable), and others.
4. Results of the Miller Analogies Test: Please check with your local college or university for the testing center nearest you. Note: The MAT school code for Aquinas Institute of Theology is 2110.00. See the back of this sheet for additional instructions.
5. A 1000 word essay explaining why you are interested in this program and why you believe theological education is important to the future of Catholic health ministry. In addition, explain how you see participation in this program affecting your career goals.
6. Non-refundable application fee of \$50.00.
7. Applicants are asked to schedule an interview with the director of the program. You may contact Sr. Jean deBlois CSJ at (314) 256-8874 or deblois@ai.edu.
8. Since the program is Internet-based, all participants must have sufficient equipment and computer skills to complete the online portion of the courses.
9. International Applicants Only:
 - A. Proficiency in the English language is required. A TOEFL certificate of proficiency in English should be sent to the Office of the Dean. All four parts of the computer-based test are preferred. When taking the paper-based test, include the Test of Written English (TWE).
 - B. International Applicants will need a Visitor's Visa.

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admissions@ai.edu



TESTING INFORMATION

MAT/GRE Scores *(This score is considered unofficial until score is sent directly by the testing center. Please request that official results are sent directly to AI. Our MAT institutional number 2110)*

Date Taken:

Scheduled Date:

I request a waiver from the MAT because I have earned a post-baccalaureate degree from an accredited institution and hereby submit supporting transcript.

INTERNATIONAL APPLICANTS:

Is English your first language? Yes No

If no, then please state your first language:

TOEFL Score *(This score is considered unofficial until score is sent directly by the testing center.)*

EDUCATIONAL BACKGROUND

Colleges/Graduate Schools Attended

College/University	Field of Study	Dates of Enrollment	Degree
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EMPLOYMENT/PROFESSIONAL BACKGROUND

Place of Employment	Dates	Position
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Present Position

Do you have any disabilities that require special attention? Please describe. *(This information will be used only to facilitate services.)*

REFERENCES

Individuals who will be writing letters of recommendation for you:

Name			Occupation
Address			Email
City	State	Zip	Phone

Name			Occupation
Address			Email
City	State	Zip	Phone

Name			Occupation
Address			Email
City	State	Zip	Phone

COMPUTER EQUIPMENT, INTERNET ACCESS, AND PROFICIENCY

Since the program is Internet-based, all participants must have sufficient equipment and computer skills to complete the online portion of the courses. This means, at a minimum, that you have a Pentium PC or Macintosh multimedia computer, Internet access (a second or dedicated line is strongly recommended) and solid familiarity with the use of an Internet browser and a recent version of MS-Word. In your own words, tell us the extent to which you presently meet these requirements.

Signature of Applicant



Date

Rev. 06/17/2010



23 South Spring Avenue
 St. Louis, Missouri 63108
 PHONE 314.256.8800
 FAX 314.256.8888
 WEB www.ai.edu

LETTER OF RECOMMENDATION

To Be Filled in by the Applicant **M.A. in HEALTH CARE MISSION DEGREE**

Applicant's Name

Name of Person to Make Recommendation

Waiver: I hereby waive my right to examine at any future time this Letter of Recommendation which I understand will become part of my Admission File at Aquinas Institute.

Date:

Signed:

(Signature of Applicant)

THE APPLICANT IS FREE TO SIGN OR NOT TO SIGN THIS WAIVER. If the waiver is not signed, Aquinas Institute must make the recommendation available to the applicant upon proper written request.

To Be Filled in by the Person Recommending the Applicant:

The above-named person is applying for admission to the Master of Arts in Health Care Mission Program at Aquinas Institute, a graduate school of theology. Your frank response to these questions will be greatly appreciated. **(NOTE:** if the applicant has not signed the waiver, you should **not** consider this recommendation to be confidential.)

- How long have you known the applicant?
- What is your relationship to the applicant?
- Please check the boxes to indicate your assessment of the applicant's:

	1 Below	2	3 Average	4	5 Above	Not Observed
Moral Character						
Emotional Maturity						
Ability to work effectively with leaders in health care:						
a. CEO's and other executives						
b. Hospital staff						
c. The public						
d. Pastoral care professionals						
e. Physicians						
Leadership capacity						
Work habits						
Study habits						
Ability to work collaboratively						
Qualifications to complete a graduate degree program						

Please comment on any of the above on a separate sheet of paper.

4. Describe the applicant's effectiveness in his or her work to date in the field of health care.

5. What is your assessment of the candidate's potential to serve as an effective leader in Catholic health ministry?

6. Do you believe that the candidate can be a persuasive spokesperson for related issues to the ministry's various constituencies (e.g., senior leaders, physicians, the public)?

I highly recommend recommend recommend with reservation do not recommend the above candidate graduate theological studies at Aquinas Institute of Theology. *(Please attach reasons for reservations or not recommending.)*

Signature of Person Recommending the Applicant

Date

Complete Mailing Address

Phone Number

Please return this form directly to: Admissions | 23 South Spring Ave | St. Louis, MO 63108-3323