

ST. JOSEPH'S SEMINARY
Yonkers, New York

Master of Arts in Theology
Master of Arts in Catholic Philosophical Studies
Post-Masters Certificate
St. Cecilia Academy

APPLICATION PROCEDURE

New candidates for the Master of Arts Program or Post-Masters Certificate must complete the application process.

Those applying must submit the following:

- A completed application
- Official transcripts of all college and graduate course work. These should be sent by the institution(s) to St. Joseph's Seminary.
- Two letters of recommendation from persons who are able to comment specifically on the applicant's academic abilities and aptitude for graduate work in theology. Forms are included. One form should be given to each person together with a stamped envelope addressed to St. Joseph's.
- An essay of 1000 words explaining the applicant's reasons for pursuing graduate or post-graduate theological studies and his/her goals.
- Proof of Immunization for applicants born after January 1, 1957.
- An application fee of \$50.00.

All applicants must also be interviewed by one of our associate deans after the completed application, essay, and transcripts have been received.

For further information for the Yonkers & Poughkeepsie locations
Contact Dr. Donna Eschenauer, Associate Dean, donna.eschenauer@archny.org / (914) 367-8280

For further information for the Huntington & Douglaston locations
Contact Msgr. Robert J. Batule, Interim Associate Dean, Msgr.Robert.Batule@dunwoodie.edu / (631) 423-0483, ext. 130

For the Yonkers and Poughkeepsie locations, send completed forms to:

Dr. Donna Eschenauer
Office of the Associate Dean
201 Seminary Ave.
Yonkers, NY 10704

For the Huntington and Douglaston locations, send completed forms to:

Msgr. Robert J. Batule (Interim)
Office of the Associate Dean
440 West Neck Road
Huntington, NY 11743

**ST. JOSEPH'S SEMINARY
201 SEMINARY AVE.
YONKERS, NY 10704**

APPLICATION FOR ENROLLMENT

Check one:

Master of Arts in Theology _____

Master of Arts in Catholic Philosophical Studies _____

Post-Masters Certificate: Sacred Scripture _____ **Dogmatic Theology** _____

Graduate Certificate: Sacred Scripture _____ **Dogmatic Theology** _____

St. Cecilia Academy _____

SOCIAL SECURITY NUMBER _____

NAME _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

ADDRESS _____

CITY) (STATE) (ZIP + 4)

EMAIL ADDRESS _____

COUNTY OF RESIDENCE _____ **TEL.NO.** _____
(HOME) (WORK)

PARISH / COMMUNITY _____

BIRTH _____
(DATE) (CITY) (STATE) (COUNTRY)

COLLEGES & UNIVERSITIES ATTENDED

School name and location	Dates attended	Degree	Date Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COPIES OF OFFICIAL TRANSCRIPTS OF UNDERGRADUATE AND PREVIOUS GRADUATE WORK MUST BE ON FILE BEFORE APPLICATION MAY BE CONSIDERED. KINDLY ARRANGE TO HAVE TRANSCRIPTS SENT AS SOON AS POSSIBLE TO THE ABOVE ADDRESS.

EMPLOYMENT RECORD

Company Name and Location

Position

Employment Dates

Company Name and Location	Position	Employment Dates

TWO REFERENCES

Name

Address

Position

Name	Address	Position

Applicant: I certify that all information on the application, transcripts, and other materials related to admission is accurate and true.

Applicant's signature: _____ Date: _____

For data purposes only: Please check one

Hispanic

White

Black or African American

Asian

American Indian

Pacific Islander

**ST. JOSEPH'S SEMINARY
MASTERS DEGREE PROGRAM**

PROOF OF IMMUNIZATION

Applicant Name: _____ (Please Print)

Applicant Date of Birth _____

Note to Applicant: Bring your record of immunizations with you when you have your medical examination. Your doctor can determine what is missing from your record of immunizations and bring your immunizations up to date to be in compliance with New York State Public Health Law 2165 as stated below. This record must be complete prior to beginning studies at St. Joseph's Seminary.

NYS Public Health Law now requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957 are exempt from this requirement. Please provide proof of birth date if born prior to January 1, 1957. (passport or driver's license)

REQUIRED: MEASLES (Rubeola) IMMUNITY - Must have **one** of the following:

1. Two dates of Measles Immunization: (1) _____ (2) _____.
Both must be given after 1967 **AND** the first on or after the first birthday and the second on or after 15 months of age.
2. Date of Measles Titer _____ Results _____
3. Date of physician diagnosed measles disease _____
AND signature of the diagnosing physician _____

REQUIRED: Rubella (German Measles) Immunity – Must have **one** of the following:

1. Date of at least one mumps immunization: (1) _____ (2) _____.
Must be on or after first birthday
2. Date of Rubella Titer _____ Results _____
Physician diagnosis is **NOT** acceptable.

REQUIRED: Mumps Immunity – Must have **one** of the following:

Must be on or after first birthday.

1. Date of Mumps Titer _____ Results _____
2. Date of physician diagnosed mumps disease _____
AND signature of the diagnosing physician _____

PLEASE NOTE: MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps, and rubella.

The certificate of immunization shall be prepared by a **physician, physician assistant, or nurse practitioner**; and it shall specify the vaccines and give the dates of administration. It may also show physician-verified history of disease, laboratory evidence of immunity or medical exemption.

(Source: <http://www.health.state.ny.us/prevention/immunization/handbook/index.htm>)

During an enforcement visit by a representative of NY State in March 2012, it was indicated that the name and address of the person completing the certificate of immunization must be present on the certificate in order to assure "traceability".

Signature of Health Practitioner _____ Date _____

Name of Health Practitioner _____

Indicate Degree: _____ M.D.; _____ N.P.; _____ P.A.; _____ D.O.

Address of Health Practitioner _____

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to the Seminary Academic Office.

Check one box and sign below.

I have:

_____ had meningococcal meningitis immunization within the past 10 years.

Date received: _____

[Note: If you received the meningococcal vaccine available before February 2005, called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine, called Menactra™, should be considered within 3-5 years after receiving Meomune™.]

_____ read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days from my private health care provider.

_____ read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____

Print Student 's Name _____

Date of Birth: _____

**ST. JOSEPH'S SEMINARY
MASTERS DEGREE PROGRAM
STATEMENT OF PURPOSE**

Attach your essay of 1000 words explaining your reasons for pursuing graduate or post-graduate theological studies at St. Joseph's. Include your professional and personal development that motivates your application; your educational background; your experience in ministry and any other professional or volunteer experience; future ministerial or professional goals; how do you anticipate this program helping you to achieve your goals.

ST. JOSEPH'S SEMINARY
201 Seminary Ave.
Yonkers, NY 10704

LETTER OF RECOMMENDATION

To be filled in by the applicant:

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 the Institute of Religious Studies.

Date: _____ Signed: _____
(Signature of Applicant)

THE APPLICANT IS FREE TO SIGN OR NOT TO SIGN THIS WAIVER. If the waiver is not signed, St. Joseph's 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 St. Joseph's Seminary Masters Degree Program. Your honest response to these questions will be greatly appreciated. (NOTE: If the waiver has not been signed by the applicant, you should not consider this recommendation to be confidential.)

	1 Below	2	3 Average	4	5 Above
Moral character					
Work habits					
Study habits					
Ability to work independently					
Communication skills:					
a) oral					
b) written					
Critical-thinking skills					
Qualifications to complete a graduate program					

What is your overall assessment of the applicant as a candidate for a graduate degree?

Signature of Person Recommending the Applicant

Date

For students attending the Yonkers and Poughkeepsie locations, send completed recommendation to:

**Dr. Donna Eschenauer
Office of the Associate Dean
201 Seminary Ave.
Yonkers, NY 10704
Donna.Eschenauer@archny.org**

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