

School of Applied Theology Sabbatical Program

GRADUATE THEOLOGICAL UNION - Berkeley

5890 Birch Court, Oakland, CA 94618-1626 Tel. (510) 652-1651
U.S.: 1-800-831-0555 FAX: (510) 420-0542 E-Mail: admissions@satgtu.org

APPLICATION FOR ADMISSION

(Please Print Clearly)

Nine-Month Program _____ Date of application _____

Fall Program _____ Planned Entrance Date _____

Winter-Spring Program _____ Planned Completion Date _____

Legal Name (for visa) _____

Present Address _____

_____ City State/Country Z ip

Name you wish to be called at SAT: _____

Home Telephone: (_____) _____ Work Telephone (_____) _____

Cell Phone No.: (_____) _____ E-mail Address _____

Age _____ Date of Birth _____ / _____ / _____ Place of Birth _____
MO /DAY /YR

Country of Citizenship _____ Religious Preference _____

EDUCATIONAL RECORD

List in chronological order universities, colleges, seminaries or theological seminaries attended:

Institution	Dates	Attended	Major	Degree/Certificate?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about the School of Applied Theology? _____

How do you plan to finance your time at the School? _____

Note: All non-US participants accepted to SAT will need to provide a "Proof of Financial Support Statement."

[Be sure to print all five pages of the application materials.]

MINISTRIES OR POSITIONS

Please list your last four ministries or positions beginning with the most recent.

Position	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY RELATIONSHIPS

How many brothers and sisters do you have? Brothers _____ Sisters _____

Are you married? _____ Spouse's name _____

If you have children please give names and ages: _____

Religious Congregation _____ Initials _____

Diocese _____

In case of emergency, contact _____

PERSONAL GOALS

Please describe the personal goals you would hope to achieve during your time with us:

SIGNATURE: _____

Please **sign** your application form and send a \$50 application fee payable to SAT.

SAT Sabbatical

School of Applied Theology • GRADUATE THEOLOGICAL UNION, Berkeley

5890 Birch Court, Oakland, CA 94618-1626 • Tel. (510) 652-1651

U.S. & Canada: 1-800-831-0555 • FAX: (510) 420-0542 • E-Mail: admissions@satgtu.org

HEALTH ASSESSMENT FORM

To be completed by Applicant

Name: _____
(last) (first) (middle)

Address _____

E-mail Address: _____

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

MEDICAL HISTORY

Have you ever had or have you now any of the following conditions?

Please check if applicable.

- | | |
|---|--|
| <input type="checkbox"/> Frequent or severe headaches | <input type="checkbox"/> Sugar or albumin in urine |
| <input type="checkbox"/> Dizziness or fainting spells | <input type="checkbox"/> Epilepsy or fits |
| <input type="checkbox"/> Unconscious for any reason | <input type="checkbox"/> Nervous/ emotional trouble |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Motion sickness requiring drugs |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Military medical discharge |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Kidney stones or blood in urine | <input type="checkbox"/> Admission to hospital |
| <input type="checkbox"/> Treatment for addiction | <input type="checkbox"/> Treatment for addiction |
| <input type="checkbox"/> Allergic reactions to any drugs? | <input type="checkbox"/> Depression or other psychological illness |
| <input type="checkbox"/> Other illnesses? Specify: | |

HEALTH ASSESSMENT FORM

continued

REMARKS: _____

Medical treatment within the last five years:

Date:	Name and Address of Physician consulted:	Reason:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have not had a physical in the last three years, we strongly recommend that you do have complete examination.

Signature: _____

E-mail: _____

Letter of Reference Form

School of Applied Theology – Graduate Theological Union, Berkeley

Confidential Evaluation of _____

By: _____ Relation to above: _____

In the space provided, please give us a general idea of the applicant's gifts and areas of growth. The applicant's happiness in the years ahead, as well as his/her effectiveness and the success of our program, may depend on the honesty and objectivity of your evaluation.

How long have you known applicant? _____

Signature: _____ Date: _____

Address: _____

Position: _____ Telephone: _____

E-Mail: _____

**Please mail directly to:
Director of Admissions, School of Applied Theology
Graduate Theological Union
5890 Birch Court, Oakland, CA 94618-1626
Telephone: 510-652-1651 FAX: 510-420-0542
Applicant: Please duplicate this form as necessary**

I understand that this completed recommendation will be used only for admission purposes and I hereby waive my right of access to this recommendation. NOTE: If this waiver is not signed by the student, she/he has the right to inspect this recommendation.

Applicant's Signature: _____

Applicant: Please duplicate this form as necessary.