



APPLICATION FOR ADMISSION

طلب انتساب

ALL APPLICANTS: Information

7/9/2020

| | |
|----------------------|----------------------|
| Full name & Title | الاسم الكامل: |
| <input type="text"/> | |
| Address | العنوان: |
| <input type="text"/> | |
| <input type="text"/> | |
| Telephone | الهاتف: |
| <input type="text"/> | <input type="text"/> |
| Email | الايمل: |
| <input type="text"/> | <input type="text"/> |

APPLICATION CHECKLIST Ministry Statement \$65 App. Fee 1st Letter of Rec. 2nd Letter of Rec. Graduate Transcript
 Academic transcripts, educational records, or copy of high school diploma

GRADUATE APPLICANTS

MASTER'S DEGREES

برنامج الماجستير الأكاديمي

| | |
|----------------------------|---|
| Master of Theology (M.Th.) | <input type="checkbox"/> M.Th. in Islamic Studies |
| Doctor of Theology (Ph.D.) | <input type="checkbox"/> Ph.D. in Islamic Studies |

UNDERGRADUATE APPLICANTS

APPLICATION CHECKLIST Ministry Statement \$65 App. Fee 1st Letter of Rec. 2nd Letter of Rec. Portfolio*

* Undergraduate applicants must prepare an Undergraduate Portfolio and submit it with this application. A description of this requirement and a guide are available online by visiting the *undergraduate programs* section of the website and clicking on "Undergraduate Portfolio Requirement."

BACHELOR'S DEGREES

برنامج البكالوريوس الإحترافي

| | |
|------------------------------|---|
| Bachelor of Theology (B.Th.) | <input type="checkbox"/> B.Th. in Islamic Studies |
|------------------------------|---|

ALL APPLICANTS: Educational Background

التحصيل العلمي

INSTITUTION

| | |
|--|-----------------------|
| High School | |
| Location (city/state or city/country) | Field of Study |
| | |
| Degree or Certification | Year |
| | |

INSTITUTION

| | |
|--|-----------------------|
| | |
| Location (city/state or city/country) | Field of Study |
| | |

Present Position and Title

الوظيفة الحالية

Position

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| |
|--|

Title

| |
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| |
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ALL APPLICANTS: Professional Memberships

Please list any professional memberships which are relevant to your application. (Spell out acronyms.)

Organization

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Organization

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|--|

SIGNATURE

DATE (month/day/year)

ALL APPLICANTS: Signature

I confirm that all information I have provided in this Application for Admission is true and accurate to the best of my knowledge, information and belief. I realize that it is my responsibility to review the website and materials from the Graduate Theological Foundation in order to understand all academic and financial requirements and policies.

SIGNATURE

_____/_____/20_____
DATE (month / day / year)

PRINT NAME

Applications are reviewed within two weeks of receipt of all application materials.

CONTACT INFORMATION:

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| Graduate Theological Foundation 116 E Sheridan Ave, Ste 207, Oklahoma City, OK 73104 USA | Tel: 1-800-423-5983 (U.S. & Canada) Tel: 1-405-653-9410 (International) Email: information@gtfeducation.org Website: www.gtfeducation.org | |
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