

# NEW YORK THEOLOGICAL SEMINARY

*...continuing The Biblical Seminary in New York*

## INSTRUCTIONS FOR APPLICATION FOR ALL NYTS PROGRAMS

Dear Applicant:

Thank you for your interest in applying to a program at New York Theological Seminary. Please complete and submit the application and all supporting documents.

Applicants for **ALL** programs must submit the following:

1. Completed basic application form (Type or print only)
2. Recent color passport size photo
3. Proof of immunization (if born on or after **Jan 1, 1957**) for:  
Measles (2 doses)      Mumps & Rubella (1 dose each)
4. Student Verification of Health Insurance Coverage form
5. Meningococcal Meningitis Vaccination Response form
6. Proof of address (copy of driver's license; household bill or other acceptable document that has your current address on it)
7. Sealed envelopes containing official transcripts from all colleges, Universities or professional schools you have attended.
8. Three sealed Letters of Recommendation from:
  - (a) A college professor (if this is not practical, someone to whom you minister)
  - (b) A colleague or associate
  - (c) An ecclesiastical superior or pastor
9. Complete the required essay questions (type only)
10. Pay the **non-refundable** application fee: CASAC: \$25    Master's: \$30    Doctoral: \$50

NYTS maintains a rolling admissions policy. Applications may be submitted at any time and will be reviewed as they are received. An interview with each candidate for **Master's** and **Doctoral** programs will be held after submission of all materials. The Admissions Committee reserves the right to request a second interview if deemed necessary.

If you have any questions, please email the Assistant Registrar at [ysalaman@nyts.edu](mailto:ysalaman@nyts.edu) or the Office of Vocational Discernment at [ahill@nyts.edu](mailto:ahill@nyts.edu).

# NEW YORK THEOLOGICAL SEMINARY

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## APPLICATION FOR NYTS PROGRAMS (Part 1 of 3)

Name: \_\_\_\_\_  
Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

*Please print or type. Please select the program to which you are applying.*

**CERTIFICATE PROGRAM APPLICANTS:** (No Application Fee) FULL TUITION is due at registration each semester, before classes begin.

**SITE CODE:** \_\_\_\_\_ Year of Entrance: Fall 20\_\_ Spring 20\_\_ Summer 20\_\_  
(Refer to Chart for codes) (CPCS Only)

- Christian Ministry (CP) \_\_\_\_\_
- Convergence Studies (CPCS) \_\_\_\_\_
- Islamic Studies (CPIS) \_\_\_\_\_
- Ministry and Leadership (CPML) \_\_\_\_\_
- Radical Inclusion Studies (CPRI) \_\_\_\_\_

**CREDENTIALLED ALCOHOL AND SUBSTANCE ABUSE  
COUNSELING PROGRAM (CASAC):** (\$25 Application Fee):

**MASTER'S PROGRAM APPLICANTS:** (\$30 Application Fee):

- MA Pastoral Care & Counseling (MAPCC)
- MA Religious Education (MARE)
- MA Leadership and Administration (MARLA)
- MA Youth Ministry (MAYM)
- Master of Divinity (MDiv)
- Unclassified (1 semester only)

Year of Entrance: \_\_\_\_  Fall (Sep)  Winter (Jan)  Spring (Feb)  Summer (June/July/August)

**DOCTORAL PROGRAM (DMin) APPLICANTS:** (\$50 Application Fee)

For a list of available cohorts, please see the Doctor of Ministry Brochure included in your application or available at [www.nyts.edu/prospective-students/applications-and-forms](http://www.nyts.edu/prospective-students/applications-and-forms)

↓ Track and cohort you are applying for: Year of Entrance: Fall 20\_\_ Summer Intensive 20\_\_

- | TRACK   | COHORT |
|---|--------|
| <input type="radio"/> Congregational Ministry Track | _____  |
| <input type="radio"/> Leadership Track              | _____  |
| <input type="radio"/> Multifaith Track              | _____  |
| <input type="radio"/> Pastoral Care Track           | _____  |

**How Did You Hear About Us? (Check all that apply)**  Newspaper  Website  Radio Station  Church

Friend  Open House  Office of Vocational Discernment  Social Media

Other (Please Specify): \_\_\_\_\_

**ATTACH  
COLOR  
PASSPORT  
SIZE  
PHOTO**

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# NEW YORK THEOLOGICAL SEMINARY

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## APPLICATION FOR NYTS PROGRAMS (Part 2 of 3)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Gender: Male \_\_\_ Female \_\_\_

Applicant's Name (as it should appear on all official records):

\_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Number & Street Apt City State Zip

County (See chart for code number) \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
CELL BUSINESS HOME

E-Mail Address (Required): \_\_\_\_\_

Ethnic Classification: \_\_\_\_\_ (To assist in completing Federal & State Reports; refer to Chart for Code Numbers)

Citizenship Status:  U.S. Citizen  Resident  Alien

Country of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

Spouse's Name: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Name of Church You Attend: \_\_\_\_\_

Name of Pastor or Ecclesiastical Supervisor: \_\_\_\_\_

Church Address: \_\_\_\_\_  
Number & Street City State Zip

Church Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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## APPLICATION FOR NYTS PROGRAMS (Part 3 of 3)

Denominational Affiliation (See Chart for Code Number): \_\_\_\_\_

Ecclesiastical Status:  Ordained Clergy  Licensed Clergy  
 Ordained Laity  Laity  Other: \_\_\_\_\_

Please give the contact information of a NY area person who does **NOT** live with you who will always know where you are:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-Mail (Required): \_\_\_\_\_

### Previous Academic and Professional Training (beginning with the most recent)

<u>Institution and Location:</u>	<u>Dates of Attendance:</u>	<u>Degree Received:</u>	<u>Graduation Date:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are your transcripts an adequate portrait of your abilities and motivations?  Yes  No

If your answer is "no," please explain on additional sheet.

For information regarding financial aid and eligibility, please visit [www.nyts.edu/finaid](http://www.nyts.edu/finaid) or contact [finaid@nyts.edu](mailto:finaid@nyts.edu).

For DEGREE programs only: It is required that the Test of English as a Foreign Language (TOEFL) be taken by students for whom English is a second language, unless specifically exempted by the Admissions Committee. A minimum score of 560 is expected. Information on this test may be obtained from the Educational Testing Service, Princeton, NJ 08541. Test results should be sent directly to the Seminary by ETS.

*"I hereby certify that the information given by me on this application and all supplementary pages is complete and accurate."*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CASAC ESSAY QUESTIONS**  
**To Supplement the Program Admissions Application**

**Instructions for Prospective CASAC Students:** Please answer **all** of the following questions. You must write one or two paragraphs based on each question. Include your essay with your application.

1. Document the following:
  - a. Addiction-specific education and training
  - b. Professional and personal experience in the field of addictions
2. State your reasons for wishing to be admitted to this program or for enrolling in a specific course. Include your professional goals relating to addiction counseling and how and why you developed these goals.
3. Please write a statement of 200 words presenting your reasons for wanting to be admitted to this program. Include any additional relevant information about your background and personal qualifications that you would like the Program to take account in interviewing your application.

**Instructions for Prospective Master's Students:** Write an essay by answering **all** of the following questions. You must write one or two paragraphs based on each question. Include your essay with your application.

4. State the degree program for which you are applying, and provide a statement as to why you are specifically interested in this program.
5. Write a paragraph on what you think your calling is at this point in your life.
6. Describe your theological understanding, including the following:
  - a. The essential principles of your faith;
  - b. Changes, if any, in your theological understanding over the past five years; and
  - c. Ways scriptural study and reflection help to shape the development of your theology.
7. Describe the following, depending on the program for which you are applying:
  - a. **For MDiv Applicants only:** Describe your professional goals and/or goals for ministry, including the following:
    - (a) Your view of ministry in the kind of world in which we live; and
    - (b) Its relationship to crucial social and/or intellectual issues today.
  - b. **For Religious Education Applicants only:** Highlight your educational journey, your teaching experience and goals, and the factors that influenced you to pursue this course of study.
  - c. **For Pastoral Care and Counseling Applicants only:** Describe your understanding of the value of pastoral care and counseling, and on how you perceive it can contribute to personal health and wholeness. Provide specific personal growth experiences in which you have been involved such as clinical pastoral education, encounter groups, group dynamics training, and counseling experiences. In addition, briefly discuss how you understand the relationship between theology, psychology, and culture, particularly how these three areas contribute to the wholeness of the human and its interactions with others.
  - d. **For Youth Ministry Applicants only:** Discuss the factors that have influenced your decision to pursue a graduate course of study in youth ministry at this time, with attention to the following:
    - (a) Your sense of calling to youth ministry
    - (b) The most significant challenge you believe urban youth face today
    - (c) The specific skills and competencies you hope to cultivate within an academic program
  - e. **For Religious Leadership and Administration Applicants Only:** Discuss the critical factors or experiences that have influenced your desire to study leadership and administration from a religious perspective. Please indicate in your narrative how this program will enhance your vocation in a transformative way.
8. Describe your personal goals and interests, taking into account the following:
  - a. Fields of knowledge which interests you most;
  - b. Chief interests and activities at the present time, other than those directly related to your profession;
  - c. Leisure time activity;
  - d. Any doctoral degrees you hope to pursue upon graduation and why.

**MASTER'S ESSAY QUESTIONS**  
**To Supplement the Program Admissions Application**  
**(Part 2 of 2)**

9. Provide a brief summary of your faith journey.
10. Provide an evaluation of your own maturity in terms of interpersonal awareness and skill in dealing with difficult and conflict relationships, both personal and professional.
11. State the reasons why you wish to pursue this master's degree from New York Theological Seminary.

**DOCTOR OF MINISTRY ESSAY QUESTIONS**  
**To Supplement the Program Admissions Application**

**Instructions for Prospective Students:** The Doctor of Ministry Program at New York Theological Seminary offers women and men committed to turning faith into informed practice, the opportunity to explore and realize their calling in the church and in the world. Combining scholarship with skilled field experience, students should be able to ignite transformation to “make a difference” in the communities they serve with the gifts they bring to ministry. To begin this journey, you are to answer the following questions as clearly and succinctly as possible. Consider your response to each question in at least two paragraphs, so that readers can better grasp your hopes for ministry.

1. Describe your faith journey and how you regard achievement of the Doctor of Ministry degree as a necessary component in that journey.
2. How would you describe your sense of call as expressing your faith and the vision of New York Theological Seminary?
3. Define, as concretely as possible, the nature of your ministry and the communities to be served by that ministry.
4. What are the goals you hope to reach through your ministry and how do you intend to meet them?
5. How do you anticipate evaluating your work in terms of what you hope to achieve so that you are able to measure the effectiveness of your ministry as time goes on?
6. If there is one change that you would like to see in a person or in a group due in large measure to your ministry, what might that change be?
7. What personal support and financial resources do you enjoy that will help you along the way?
8. How much real time can you devote to working for the DMin? Describe how you might adjust/share your responsibilities to accommodate the time necessary to complete the DMin within the three year period.

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## RECOMMENDATION FORM (Master's and Doctoral Applicants)

Name of Applicant (**Print**) \_\_\_\_\_  
Last First Middle

### TO THE APPLICANT:

The Educational Rights and Privacy Act, as amended, allows a candidate for admission to waive his/her rights to access to confidential letters or statements written on his/her behalf if the recommendation is used solely for purposes of admission or financial aid, and if the candidate, upon request, is notified of the names of all persons making such recommendation on her/his behalf. The Seminary does not require that you make such a waiver as a condition for admission or financial aid. Under the legislation, you are free to choose to maintain your right to access to this recommendation or waive that right. Please check and sign one of the following statements:

- I **WAIVE** my right to examine this recommendation.
- I **DO NOT** waive my right to examine this recommendation.

\*\*\*\*\*

### TO THE RECOMMENDER:

The person named above, who has applied to this Seminary, has indicated that she/he knows you well enough to request a recommendation. The admissions committee would appreciate a statement from you concerning the applicant's character, personality, capacity for leadership, effectiveness in ministry, commitment to justice, physical stamina, mental and emotional stability, sense of responsibility, intelligence, common sense, and readiness for graduate level professional education. Please rate the applicant in comparison with others of similar age and position whom you have known.

Please use the back of this form and/or other separate sheet and sign on the bottom of this page. The recommendation is to be mailed to the applicant. **Please seal and sign the back flap of the envelope.** The letter will be submitted unopened by the applicant with his/her application.

In the event that it is not possible to send your recommendation to the applicant, it is permissible to send the sealed recommendation directly to the Seminary, Attention to the Registrar's Office.

Name (Print) \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Apt # City State Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

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Name (Print) \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Apt # City State Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

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## RECOMMENDATION FORM (Master's and Doctoral Applicants)

Name of Applicant (**Print**) \_\_\_\_\_  
Last First Middle

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Please use the back of this form and/or other separate sheet and sign on the bottom of this page. The recommendation is to be mailed to the applicant. **Please seal and sign the back flap of the envelope.** The letter will be submitted unopened by the applicant with his/her application.

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Name (Print) \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Apt # City State Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

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## STUDENT IMMUNIZATION RECORD FORM

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Month Day Year

New York State Public Health Law 2165 requires post-secondary students to prove immunization or protection against measles, mumps and rubella. Persons born PRIOR to **January 1, 1957** are exempt from this requirement.

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

**REQUIRED: Measles (Rubeola) Immunity** – Must have **ONE** of the following:

- A. **TWO** dates of Measles Immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Both dates must be given after 1967 and the first immunization after the first birthday and the second on or after 15 months of age.
- B. Date of Measles Titer \_\_\_\_\_ Results \_\_\_\_\_
- C. Date of physician diagnosed measles disease \_\_\_\_\_  
Signature of diagnosing physician \_\_\_\_\_

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

- A. Date of at least **ONE** Rubella Immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(Must be on or after the first birthday)
- B. Date of Rubella Titer \_\_\_\_\_ Results \_\_\_\_\_  
Physician diagnosis **is not acceptable**.

**REQUIRED: Mumps Immunity** – Must have **ONE** of following:

- A. Date of at least **ONE** Mumps Immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (Must be on or after the first birthday)
- B. Date of Mumps Titer \_\_\_\_\_ Results \_\_\_\_\_
- C. Date of physician diagnosed mumps disease \_\_\_\_\_

Signature of diagnosing physician \_\_\_\_\_

Health Practitioner (PRINT name) \_\_\_\_\_

Health Practitioner (SIGN name) \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**Doctor's Seal or Stamp**

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## STUDENT VERIFICATION REGARDING HEALTH INSURANCE COVERAGE

As part of your enrollment and registration at New York Theological Seminary, we are required by state and federal law to confirm that you have health insurance coverage. Therefore, please complete this form and send it with the application package. Thank you for your prompt cooperation.

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Number & Street Apt. # City State Zip

Tel: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Business Cell

E-Mail Address (Required): \_\_\_\_\_

**YES, I DO** have current health insurance coverage from the following provider:

Name of Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Period of Coverage: from: \_\_\_\_\_ to: \_\_\_\_\_

Policy #: \_\_\_\_\_

**NO, I DO NOT** have current health insurance coverage. I understand that I am required to have such coverage while enrolled at New York Theological Seminary. Therefore, I have applied for coverage from (please check one), and will notify NYTS as soon as I obtain coverage.

New York State Family Health Plan ([www.health.state.ny.us](http://www.health.state.ny.us))

Voluntary International Student Scholar Medical Insurance ([www.studentresources.com](http://www.studentresources.com))

Other (please specify below)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

***"I certify that the information I have provided above is accurate, and understand that my enrollment at New York Theological Seminary may be jeopardized by inaccurate or misleading information."***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## APPLICATION CODES LIST

(Part 1 of 2)

### COUNTY CODE NUMBERS (New York State Residents Only)

001 Albany	016 Franklin	031 Manhattan	049 Rensselaer	064 Washington
002 Allegany	017 Fulton	032 Bronx	050 Rockland	065 Wayne
003 Broome	018 Genesee	033 Brooklyn	051 St. Lawrence	066 Westchester
004 Cattaraugus	019 Greene	034 Queens	052 Saratoga	067 Wyoming
005 Cayuga	020 Hamilton	035 Richmond	053 Schenectady	068 Yates
006 Chautaugua	021 Herkimer	(Staten Island)	054 Schoharie	069 NYS Residents
007 Chemung	022 Jefferson	040 Niagara	055 Schuyler	<u>County Unknown</u>
008 Chenango	023 Lewis	041 Oneida	056 Seneca	070 Out of State
009 Clinton	024 Livingston	042 Onondaga	057 Steuben	Students
010 Columbia	025 Madison	043 Ontario	058 Suffolk	071 Foreign
011 Cortland	026 Monroe	044 Orange	059 Sullivan	Students
012 Delaware	027 Montgomery	045 Orleans	060 Tioga	072 Unknown
013 Dutchess	028 Nassau	046 Oswego	061 Tompkins	
014 Erie	029 Blank	047 Otsego	062 Ulster	
015 Essex	030 Blank	048 Putnam	063 Warren	

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### DENOMINATION CODE NUMBER

10 Advent Christian Church	380 Byzantine Catholic Archeparchy Pittsburgh	750 Muslim
20 Seventh-Day Adventist	390 Roman Catholic	760 National Assoc Congregational Christian
30 Anglican Church of Canada	400 Christian and Missionary Alliance	770 Non Denominational
40 Episcopal Church	410 Church of God (Anderson, Indiana)	780 Greek Orthodox Archdiocese of America
50 Reformed Episcopal Church	420 Church of the Nazarene	790 Orthodox Church in America
60 Anglican, Other	430 Christian Church (Disciples of Christ)	800 Orthodox, Other
70 Associated Gospel Church of Canada	440 Christian Churches and Churches of Christ	810 Assemblies of God
80 American Baptist Church USA	450 Churches of Christ	820 Church of God (Cleveland, Tennessee)
90 Baptist	460 Churches of God, General Conference	830 Church of God in Christ (COGIC)
100 Baptist Convention of Ontario and Quebec	470 Evangelical Church in Canada	840 Foursquare Gospel Church
110 Baptist General Association of Virginia	480 Evangelical Congregational Church	850 Pentecostal Assemblies of Canada
120 Baptist General Conference	490 Evangelical Covenant Church	860 United Pentecostal Church International
130 Baptist General Convention of Texas	500 Evangelical Formosan Church	870 Associate Reformed Presbyterian Church
140 Baptist Missionary Association of America	510 Evangelical Free Church of America	880 Cumberland Presbyterian Church
150 Baptist State Convention of North Carolina	520 Evangelical Free Church of Canada	890 Evangelical Presbyterian Church
160 Baptist Union of Western Canada	530 Interdenominational/Multidenominational	900 Korean American Presbyterian Church
170 Canadian Convention of Southern Baptists	540 Jewish	910 Orthodox Presbyterian
180 Conservative Baptist Assoc of America	550 Evangelical Lutheran Church in America	920 Presbyterian Church (PCUSA)
190 Convention of Atlantic Baptist Churches	560 Evangelical Lutheran Church in Canada	930 Presbyterian Church in America (PCA)
200 Cooperative Baptist Churches	570 Lutheran Church-Canada	940 Presbyterian Church in Canada
210 Fellowship Evangelical Bapt Ch Canada	580 Lutheran Church-Missouri Synod	950 Reformed Presbyterian
220 General Assoc of General Baptists	590 Wisconsin Evangelical Lutheran Synod	960 Canadian Reformed Churches
230 General Assoc Regular Baptist Churches	600 Lutheran, Other	970 Christian Reformed Church
240 General Bapt State Convention N. Carolina	610 Conference of Mennonites	980 Heritage Reformed Cong (USA/Canada)
250 Independent Baptist	620 Mennonite Brethren Ch in N America	990 Reformed Church in America
260 National Baptist Convention	630 Mennonite Church Canada	O90 Other
270 N American Bapt Conference	640 Mennonite Church USA	R10 Friends, Quaker
280 Progressive National Baptist Convention	650 Mennonite, Other	R20 Religious Society of Friends
290 Seventh Day Baptist General Conference	660 African Methodist Episcopal (AME)	S30 Salvation Army
300 Southern Baptist Convention	670 African Methodist Episcopal Zion (AMEZ)	S40 General Church of New Jerusalem
310 Union d'Eglises Bapt Francaises Canada	680 Christian Methodist Episcopal (CME)	S50 Swedenborgian Ch, General Convention
320 Brethren Church (Ashland, Ohio)	690 Free Methodist Church	U60 Unitarian Universalist
330 Brethren in Christ Church	700 Independent Methodist	U70 United Church of Canada
340 Christian Brethren (Plymouth Brethren)	710 United Methodist Church (UMC)	U80 United Church of Christ (UCC)U60 Unitarian
350 Church of the Brethren	720 Wesleyan Church	Universalist
360 Fellowship of Grace Brethren Churches	730 Missionary Church in Canada	U70 United Church of Canada
370 Buddhist	740 Moravian Church in North America	U80 United Church of Christ (UCC)

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## APPLICATION CODES LIST (Part 2 of 2)

### ETHNIC CODES

- 00: Unknown/Undeclared
- 01: Non Resident
- 02: Black: (African American, Caribbean American, African-Non-Hispanic)
- 03: Native American (American Indian; Alaska native)
- 04: Asian/Pacific Islander (Korean, Chinese, Indian/ Pakistani, Japanese etc.)
- 05: Hispanic/Latino: (Puerto Rican, Central Am, South Am, Caribbean)
- 06: White: (Non Hispanic)
- 0: Two or more races

### CERTIFICATE PROGRAM SITE CODES

SITE CODE	PROGRAM	SITE	ADDRESS
CBX	CP	Bronx, NY	<b>First Union Baptist Church</b> - 2064 Grand Concourse - 212-870-1232
CNR	CP	Brooklyn, NY	<b>College of New Rochelle</b> - 1368 Fulton St. Restoration Plaza - 212-870-1232
CMZ	CP	Brooklyn, NY	<b>Mt. Zion Seventh Day Church</b> - 203 East 37th Street - 917-595-8908
CIW	CP	Corona, NY (Spa.)	<b>Iglesia Cristiana Evangelica Wesleyana</b> - 34-35 96 <sup>th</sup> Street - 407-267-7348
CPF	CP	Flushing, NY (Spa.)	<b>Iglesia Evangélica Presbiteriana</b> -52-18 Bowne Street - 718-896-3180
CNY	CP	New York, NY (Eng.)	<b>Riverside Church</b> - 91 Claremont Avenue - 212-870-1232
CSR	CP	New York, NY (Spa.)	<b>Riverside Church</b> - 91 Claremont Avenue - 212-870-1232
CPN	CP	Newark, NJ	<b>Paradise Baptist Church</b> - 348-352 15 <sup>th</sup> Avenue - 973-624-6614
COL	CP	Online (Eng.)	<b>Online</b> - Call 212-870-1232
COS	CP	Online (Spa.)	<b>Online</b> - Call 212-870-1232
CPA	CP	Passaic, NJ	<b>Mt. Moriah Baptist Church</b> - 9-11 Tullip Street - 973-471-7949
CPH	CP	South Hempstead, NY	<b>Congregation Church of So. Hempstead</b> - 416 Woodland Drive - 631-283-0951
CSG	CP	Springfield Gardens, NY	<b>Springfield Gardens UMC</b> - 131-29 Farmers Boulevard - 718-528-7267
CFM	CP	Tarrytown, NY	<b>Foster Memorial AME Zion</b> - 91 Wildey Street - 914-356-2358
CCP	CPCS	Online Hybrid	<b>Online</b> - Call 212-870-1232
CMQ	CPIS	New York, NY (Eng.)	<b>Riverside Church</b> - 91 Claremont Avenue - 212-870-1232
CSB	CPML	Edison, NJ	<b>Stelton Baptist Church</b> - 334 Plainfield Avenue - 732-985-1484
CRI	CPRI	Online Hybrid	<b>Online</b> - Call 212-870-1232