

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 according to the program to which you are applying:

Certificate Program Applicants: No application fee or recommendations required. Please complete pages 2 through 5, and pages 12 through 13.

Master's Programs Applicants (all): Non-refundable application fee of \$50 required. Please complete pages 2 through 4, pages 6 or 7 (as needed), and pages 9 through 14.

Doctoral Program Applicants: Non-refundable application fee of \$50 required. Please complete pages 2 through 4 and pages 8 through 14.

All doctoral program applicants and master's degree applicants must submit the following documents with their application:

1. Application Fee (You may use the link provided below to pay your application fee)
https://docs.google.com/forms/d/e/1FAIpQLSdTt__bxQOUiXupSs5Uo2cWNEuBWuhPi0d-EnfwkL0Q02VOeQ/viewform?usp=pp_url
2. Passport size photo (can be in the form of a selfie)
3. Essay (specific to the program you are applying for)
4. Three letters of recommendation (You may share the link provided below with your recommenders) https://docs.google.com/forms/d/e/1FAIpQLScaJ7ch5hMKOiwZphtjG6__z-O6dxa-BIWSnhxVOfMBnQkoA/viewform?usp=pp_url
5. Official transcripts (please have all transcripts sent electronically to: admissions.info@nyts.edu)
6. Immunization record (form enclosed in the application)
7. Meningococcal Meningitis Form (form enclosed in application)
8. Health Insurance Verification Form (form enclosed in application)
9. Proof of Address (can be in the form of a driver's license or piece of mail with your current address)

NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

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.

Applications can be submitted as follows:

1. You may also submit your application by scanning the documents and emailing them to admissions.info@nyts.edu. (Only the PDF format will be accepted.)

2. Mail printed applications and all supporting documentation to:

The Office of Admissions
New York Theological Seminary
475 Riverside Drive, Suite 500
New York, NY 10115

If you have any questions, please email admissions.info@nyts.edu or call 212-870-1212

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(Part 1 of 3)

Last Name: _____ First Name: _____

Date of Application: ____/____/____

Month Date Year

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

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

SITE CODE: _____ (Refer to Page 16 for codes)

Year of Entrance: Fall 20__ Spring 20__

MASTER'S PROGRAM APPLICANTS: (\$50 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 (Jun/Jul/Aug)

**ATTACH
COLOR
PASSPORT
SIZE
PHOTO
(All Applicants)**

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

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

TRACK

COHORT

- Urban Ministry
- General Ministry (The Arts of Ministry) English Language Spanish Language
- Korean Language
- Multifaith

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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 Page 15 for code number) _____

Tel: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
CELL BUSINESS HOME

E-Mail Address (Required): _____

Ethnic Classification: _____ (To assist in completing Federal & State Reports; refer to Page 16 for Code Numbers)

Citizenship Status: U.S. Citizen Resident Non-Resident

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 Page 15 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/financialaid or contact financialaid@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 80 (iBT) 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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**CERTIFICATE PROGRAM ESSAY QUESTIONS
To Supplement the Program Admissions Application**

Instructions for Prospective Certificate Program Students: As a key component of your Application for Admission, please write a short essay (approximately 350 words, using Times New Roman 12-point Font, double spaced) in which you describe your Spiritual Autobiography, integrating the following points:

1. The role of your faith in your spiritual walk;
2. A significant turning point in your life that impacted your faith journey;
3. Why you feel called to take up theological education and how such a decision relates to your ministry and service to your faith community.

MASTER'S ESSAY QUESTIONS
To Supplement the Program Admissions Application
(Part 1 of 2)

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.

1. State the degree program for which you are applying and provide a statement as to why you are specifically interested in this program.
2. Write a paragraph on what you think your calling is at this point in your life.
3. 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.
4. Ways scriptural study and reflection help to shape the development of your theology. Provide a brief summary of your faith journey.
5. 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.
6. 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.
7. State the reasons why you wish to pursue this master's degree from New York Theological Seminary.
8. Describe the following, depending on the program for which you are applying:
9. **For MDiv Applicants only:** Describe your professional goals, vocational goals, and goals for ministry. Also, please include the following in your response: What kinds of ministries do you think we need to exercise in the world climate in which we are currently living? What is the relationship between such ministries and the crucial social, cultural, political, and intellectual issues we face today? Why should theology and ministry matter?
10. **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.

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

- 11. 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.
- 12. 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
- 13. For Religious Leadership and Administration Applicants Only:** Describe your professional goals, vocational goals, and goals for ministry. Also, please include the following in your response:

What kinds of ministries do you think we need to exercise in the world climate in which we are currently living? What is the relationship between such ministries and the crucial social, cultural, political, and intellectual issues we face today? Why should theology and ministry matter?: What is your definition of leadership? How do you describe your leadership style; what are three characteristics of your style? Is there a distinction between leadership skills necessary to be effective in the urban, rural, and/or suburban contexts. Speak on the needed qualities of the urban leader. What three personalities of leadership do you admire from the Bible? ...From the nation and the world? Is there a difference between leadership and management, and if so, what are those differences? What is your definition of Administration, what are Biblical models you use to support your definition. Are leaders born or made, can one learn how to be a leader? What are three steps a leader must take to bring about effective change in an organization, committee or group?

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. What is a challenge you have had to face in ministry and how did you face it? What were the implications of your decision. (restorative)
2. Please outline three to five specific ways that this degree will inform your ministry? Please include desired outcomes and why these are important for you and our world. (relevant)
3. For those who may be beginning ministry as a second career, how can your previous experience inform your ministry? What are some lessons learned and goals cast that can help you in your ministry context.(relevant, restorative)
4. Identify 3 to 5 specific needs in your ministry context. How can this degree help you to meet those needs?(relevant)
5. What is one major concern that you have with your current ministry, theological, or denominational context? How will this degree help to inform a response to that challenge?(revolutionary)

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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 you know them well enough to write a letter of 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/know.

The recommendation letter can be emailed from your email account to: admissions.info@nyts.edu or mailed to:

**The Office of Admissions
475 Riverside Drive, Suite 500
New York, NY, 10015**

Please be sure to seal and sign the back flap of the envelope.

Name (Print) _____

Title/Position: _____

Organization: _____ Telephone number:() _____ - _____

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)

Voluntary International Student Scholar Medical Insurance (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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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 Registrar's Office, New York Theological Seminary.

Please read the following statements, check one box and sign below:

- I have received the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____
- I 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.
- I 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.

PRINT Student's Name _____

Date of Birth _____

E-mail address _____

Mailing address _____

Number & Street

Apt #

City

State

Zip

Phone number ____ - ____ - _____

Student Signature _____ Date _____

Adapted from NYS DOH form 8.4.03

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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

For a list of updated sites, please email the Director of the Certificate Program @ Lcano@nyts.edu

CDL	Atlantic City, NJ	Ciudad de Luz - 1713 Arctic Pl. – Meets on Sat 9 am - 4 pm
CEB	East Orange, NJ	New Ephesus Baptist Ch. - 175 Woodbrook St. Meets on Tue & Thu 6:15 pm 9: 30pm
CSB	Edison, NJ	Stelton Baptist Ch. - 334 Plainfield Ave. Meets on Sat. 9 am – 4 pm
CFC	Harlem, NY	First Corinthian Baptist Ch. - 1912 Adam Clayton Powell Jr. Blvd. Meets Mon & Wed, 6:15 pm 9: 30 pm
CLH	Massapequa, NY	Living Hope Fellowship Baptist Ch. - 900 Old Sunrise Hwy. Meets Tue & Thu 6:15 pm-9: 30 pm
CPN	Newark, NJ	Paradise Baptist Ch. - 348 – 352 15th Ave. Meets on Tue & Thu, 6:15 pm- 9:30 pm
CBN	Newark, NJ	Mt. Calvary Missionary Baptist Ch. – 231-251 Seymour Ave. Meets on Mon & Thu, 6:15 pm- 9:30 pm
CNY	New York, NY	Riverside Church, 91 Claremont Ave., Rm. 330 - Meets on Sat. 9 am – 4 pm
CSR	New York, NY (Spa.)	Riverside Church. - 91 Claremont Ave., Rm. 311 - Meets on Sat. 9 am – 4 pm
COL	Online	Online – Meets online
CSG	Springfield Gardens, NY	Springfield Gardens UMC - 131-29 Farmers Blvd. Meets on Tue & Thu 6:15 pm - 9: 30 pm

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

Friend Facebook Instagram Twitter

Other (Please Specify): _____

If you have any questions regarding the admissions process please feel free to call 212-870-1212 or email, admissions.info@nyts.edu.

Thank you for applying to one of New York Theological Seminary's programs!