

Application for Admission - Certificate of Gender, Sexuality & the Bible (page 2)

Legal name (last/first/middle) _____

EDUCATION (a minimum of a high school diploma or GED is recommended)

School _____ Dates _____ Degree _____

School _____ Dates _____ Degree _____

PARTICIPATION

We encourage CGSB students to learn with others in their local communities when possible. Are there others in your local area who are also interested in the CGSB?

- I prefer to learn on my own
- I am affiliated with a host organization (name) _____
- I am learning with friends (name/s) _____
- I would like to be connected with others in my area

Regular access to a computer with a webcam, speakers, and a high speed internet connection is required, as well as a telephone. Where do you plan to learn with CGSB?

- at home or work
- at church
- other (please describe) _____

COMMUNICATION

The primary method of communication used in the CGSB is email. We strongly encourage CGSB students to have access to an email account that they check regularly. Please indicate here if you do NOT have access to email and need to arrange an alternate form of communication:

- Please communicate with me by: (describe) _____

INTEREST

Why are you interested in participating in the CGSB program? _____

Thank you for your application to the CGSB program. Please remember to include the \$30 application fee.

Your signature _____ Date _____

EVALUATION

The Certificate of Gender, Sexuality & the Bible (CGSB) at Pacific School of Religion is a seven month online program for spiritual formation, lay leadership and community training. It is available for personal or professional growth or continuing education units (CEUs). Academic credit is not granted. More information may be found at www.psr.edu/tel-certificates.

At what level do you recommend this applicant?

- Recommend strongly
- Recommend
- Recommend with reservation
- Do not recommend

In the space below or on a separate sheet, please include your typed evaluation of the applicant. In your evaluation elaborate on your overall recommendation above and address professional, academic, and/or personal strengths, weaknesses, and areas of growth of the applicant that might impact the applicant's participation in the CGSB program.

Thank you for taking time to candidly evaluate this applicant. Your assessment is very important to us.

Signature of referrer _____ Date _ _____

INSTRUCTIONS FOR SENDING REFERENCES

- Please sign above and keep a copy for your records in case this reference is lost in the mail.
- Seal the reference form with evaluation in an envelope.
- Sign across the seal of the envelope.
- Send to the Office of Community and Continuing Education/TEL at the address on the top of this page.