



**OFFICE of COMMUNITY and CONTINUING EDUCATION**  
**PACIFIC SCHOOL OF RELIGION**  
1798 Scenic Avenue, Berkeley, CA 94709-1323  
**Phone:** 510/849-8284 **Toll free:** 800/999-0528  
**Fax:** 510/845-8948 **E-mail:** tel@psr.edu  
**Web site:** www.psr.edu/tel

## Application for Admission - Certificate of Theological Education for Leadership (CTEL)

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Applications are accepted throughout the year. The CTEL academic year begins in June, but students may begin at any point in the course cycle. Please complete and mail this application to the Office of Community & Continuing Education at the address above along with the following:

- A letter from your pastor, church board or other authorizing body, spiritual director, or personal reference who is acquainted with your spiritual or vocational journey. A reference form is provided on page 3 of this application.
- A \$30 non-refundable application fee. Please make your check payable to Pacific School of Religion.

You will be notified of acceptance to the program when all required information has been received.

### PERSONAL INFORMATION

Legal name (last/first/middle) \_\_\_\_\_

Preferred name \_\_\_\_\_

Address (street) \_\_\_\_\_

City/state/zip or province/country/postal code \_\_\_\_\_

Phone □h □w □c \_\_\_\_\_ □h □w □c \_\_\_\_\_ □h □w □c \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Racial/ethnic identity (optional) \_\_\_\_\_

Gender \_\_\_\_\_ Place of birth (optional) \_\_\_\_\_

### LOCAL CHURCH MEMBERSHIP OR RELIGIOUS AFFILIATION (if any)

Name of church, institution, or organization \_\_\_\_\_

Address (street) \_\_\_\_\_

City/state/zip or province/country/postal code \_\_\_\_\_

Phone number \_\_\_\_\_

Position/activities in this church, institution, or organization \_\_\_\_\_

\_\_\_\_\_ Length of affiliation \_\_\_\_\_

Denomination \_\_\_\_\_

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**Application for Admission - Certificate of Theological Education for Leadership (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 CTEL students to learn with others in their local communities when possible. Are there others in your local area who are also interested in the CTEL?

- 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 high speed internet connection and speakers, and a telephone is required. Where do you plan to learn with CTEL?

- at home or work
- at church
- other (please describe) \_\_\_\_\_

The CTEL program includes optional gatherings on campus in Berkeley. Please indicate whether you might be interested in coming to PSR in Berkeley for:

- orientation (June)
- mid-year gathering (October)
- commencement (May)

**COMMUNICATION**

The primary method of communication used in the CTEL is email. We strongly encourage CTEL 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 CTEL program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your application to the CTEL program. Please remember to include a reference and \$30 application fee.

Your signature \_\_\_\_\_ Date \_\_\_\_\_



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## Reference Form - Certificate of Theological Education for Leadership (CTEL)

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### TO BE COMPLETED BY THE APPLICANT

Name (last/first/middle) \_\_\_\_\_

Phone h w c \_\_\_\_\_ Email \_\_\_\_\_

Year for which you are seeking admission: 20\_\_\_\_\_

The Family Rights and Privacy Act of 1974 gives a student access to the information contained in his/her application for admission. However, in order to ensure that referrers are free to write confidentially an applicant may waive the right to see letters of reference. Should the applicant decide not to waive the right, he/she will have access to the letter only if enrolled in a program at Pacific School of Religion.

If you, the applicant, waive the right to see letters of reference, please sign the following:

I hereby voluntarily waive this right in order to ensure the freedom of confidentiality to my referrer.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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### TO BE COMPLETED BY THE REFERRER

Name and title \_\_\_\_\_

Name of church/organization \_\_\_\_\_

Street address \_\_\_\_\_

City/state or province/country/postal code \_\_\_\_\_

Phone h w c \_\_\_\_\_ Email \_\_\_\_\_

I am alumna/us of Pacific School of Religion  No  Yes Year \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

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**EVALUATION**

The Certificate of Theological Education for Leadership (CTEL) at Pacific School of Religion is a year-long, online, Christian lay education program for personal spiritual formation, lay leadership training, professional growth, or continuing education. More information about the program may be found at <http://www.psr.edu/tel>.

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 CTEL 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/CTEL at the address on the top of this page.