

## Master's Degree Applicants

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### **SUPPLEMENTAL DOCUMENTATION ( Check off each step as it is completed.)**

In addition to the completion of the online application, the master degree applicant must pay the non-refundable application fee and submit the following supplemental documents. An application will not be complete until these are received. *Email, mail, and fax addresses can be found below or on each form.*

#### **Statements of Call and Commitment.**

Please respond to the following statements on separate sheets of paper, typed and double spaced. Include your full name at the top of each page. These documents may be emailed, mailed, or faxed.

##### **A. A statement of your past Christian experience.**

Include your commitment to faith in Christ, elements and factors that have influenced your spiritual development such as family involvement in church work, and your volunteer experiences in church-related activities. (one page)

##### **B. A statement of your call to vocational ministry or your decision to enter some form of Christian ministry and your goals for the future.** (one page)

#### **3 recommendation forms.**

Use the recommendation form included in this packet. Submit 3 personal recommendations. Complete the top portion of the form and sign and date it before sending to the recommender. At least one recommendation must be from a minister (but you may have more than one from a minister) and the other recommendations should be from friends or current or former employers who can attest to your personal character and academic potential. The recommender should email, mail, or fax the form.

#### **Church endorsement.**

Use the church endorsement form included in this packet. Complete the top portion of the form and send to the church where you are currently a member. When completed, the church should email, mail or fax the form.

#### **Digital photo.**

Submit a digital photo of yourself that can be used for an identification card. Please email this photo.

#### **Official Transcripts.**

Request an official transcript from each institution that has granted you a degree to be sent directly to Admissions. You may choose to use the form included to request the transcript, if needed. If you desire to transfer courses from another institution from which you took courses but did not receive a degree, you must request an official transcript from that institution.

Once you have completed your application, you will receive confirmation and receive further instructions by email. If you have any questions or concerns about your application, please contact [admissions@bhcarroll.edu](mailto:admissions@bhcarroll.edu) or call the Director of Admissions at (972) 580-7600.

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#### **ADDRESSES FOR SUBMITTING APPLICATION MATERIALS:**

**Mail:** B.H. Carroll Theological Institute    **Email:** [admissions@bhcarroll.edu](mailto:admissions@bhcarroll.edu)    **FAX:** (972) 756-0600  
Director of Admissions  
6500 N. Belt Line Rd, Ste. 100  
Irving, TX 75063

# B. H. Carroll Theological Institute

# Recommendation for Admission

*This form is to be filled out by someone who is not a member of your immediate family.*

### This portion to be completed by applicant:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ANTICIPATED PROGRAM OF STUDY \_\_\_\_\_

This recommendation is from a (check one):  Pastor  Professional acquaintance  Employer

Teacher/Professor  Lay Person  Ministry Supervisor/Colleague  Other \_\_\_\_\_

The Privacy Act of 1974 gives students the right to inspect and review their education records. Students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form.

I do not waive my right to examine this form.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

### This portion to be completed by recommender

The individual named above is applying for admission to B. H. Carroll Theological Institute. Please note the provisions of the Privacy Act of 1974 as indicated above, which give the applicant the right to review the contents of this recommendation unless the applicant has waived that right (above). Thank you for taking the time to assist the applicant by filling out this recommendation form.

1. How do you assess the applicant's abilities and character, as compared to his or her peers, in the following categories?

	NOT OBSERVED	WEAK	FAIR	AVERAGE	VERY GOOD	OUTSTANDING
Intellectual ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to church-related vocation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aptitude for chosen ministry or profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential for effective ministry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills in relating to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

How well?  Very well  Rather well  Casually  Not well

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



# B. H. Carroll Theological Institute

## Church Endorsement and Covenant

*Please type or print in ink.*

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Degree Program at B. H. Carroll Theological Institute: \_\_\_\_\_

B. H. Carroll Theological Institute is a community of faith and learning dedicated to providing leadership for Christian ministry by equipping men and women called to serve Christ in the diverse and global ministries of His church. We are co-laborers in this endeavor with local churches. Each prospective student applying to Carroll Institute is required to be a member in good standing of a local church and to furnish a church endorsement from the church that holds his/her church membership. In addition, Carroll Institute asks that each endorsing church enter into a covenant with the applicant and the Institute to affirm, guide, and evaluate the development of the student during his/her course of study. We believe the role of the local church is paramount to the spiritual, academic, and ministerial preparation of the student.

### Statements of Endorsement and Affirmation

We confirm that \_\_\_\_\_, an applicant to B. H. Carroll Theological Institute, is:

- An individual committed to the Christian faith as evidenced by participation in the life of this church
- An individual of spiritual maturity, moral integrity, and emotional stability
- An individual who demonstrates potential for effective Christian ministry
- An individual whom the church would recommend for a leadership role in ministry

We recommend the applicant for admission to Carroll Institute. We pledge to encourage, affirm, guide, evaluate, and pray for the applicant throughout the course of study.

Date of congregational approval: \_\_\_\_\_

Name of church: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Denomination of church: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address of church: \_\_\_\_\_

Signature of moderator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Date applicant became a member of your church (month/year): \_\_\_\_\_

The applicant is a current member of your church.       Yes       No

**Send to:**            **B. H. Carroll Theological Institute**  
                         **Attn: Admissions Office**

**By mail:**            **6500 N. Belt Line Rd, Ste. 100**  
                         **Irving, TX 75063**

**Or by fax:**            **(972) 756-0600**

**Or by email:**        **[admissions@bhcarroll.edu](mailto:admissions@bhcarroll.edu)**



*\*This form is provided as a convenience to you, and you may choose whether or not to use it when requesting official transcripts.\**

**TRANSCRIPT REQUEST FORM**

Full legal name: \_\_\_\_\_

Other name under which transcript may be recorded: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET / APARTMENT / P.O. BOX NUMBER / CITY / STATE / ZIP

SSN: \_\_\_\_\_

Enrollment dates: \_\_\_\_\_ Degree and Year: \_\_\_\_\_

Please send one official transcript of all course credits to: B. H. Carroll Theological Institute  
Attn: Office of Admissions  
6500 N. Belt Line Rd, Ste. 100  
Irving, TX 75063

Fee enclosed \$ \_\_\_\_\_  No fee required

*I hereby authorize the release of my academic record and related material to be mailed in a sealed envelope to the above institution.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TRANSCRIPT REQUEST FORM**

Full legal name: \_\_\_\_\_

Other name under which transcript may be recorded: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET / APARTMENT / P.O. BOX NUMBER / CITY / STATE / ZIP

SSN: \_\_\_\_\_

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Irving, TX 75063

Fee enclosed \$ \_\_\_\_\_  No fee required

*I hereby authorize the release of my academic record and related material to be mailed in a sealed envelope to the above institution.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_