

# GRADUATE PROGRAM IN PASTORAL MINISTRIES



## Application for Quick Admit

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_

**Deadline for Application**  
 1 week prior to the start of any given quarter

Quarter/Year \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_  
mm/dd/yyyy

	Initials
<input type="checkbox"/> I certify that I have a bachelor degree from an accredited institution	
<input type="checkbox"/> I am requesting scholarship assistance. I have filled out the <i>Financial Aid Application</i> and have enclosed it with this application	
<input type="checkbox"/> I understand I am eligible to take up to two courses in the period of one (1) academic year with this form. If I plan to continue I must apply for degree seeking status.	
<input type="checkbox"/> \$50 Application fee (make payable to <i>Santa Clara University</i> ) enclosed	

If accepted, you will be assigned an email account from the university's GroupWise system and an identification number. Your ID number will be necessary for you to obtain financial and registration information from the university's eCampus system.

I would like to enroll in the following courses:  
 \_\_\_\_\_

I understand I am held financially responsible for this/these class(es). I can drop through eCampus or by contacting the Graduate Program in Pastoral Ministries Office and filling out an add/drop form.

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

Please mail to:

**Graduate Program in Pastoral Ministries  
 Santa Clara University  
 500 El Camino Real  
 Santa Clara, CA 95053-0337  
 ATTN: Jane Najour**

FOR OFFICE USE ONLY

\_\_\_\_\_  
Executive Director's Signature \_\_\_\_\_  
Date

Entered into Peoplesoft \_\_\_\_\_ Registered for classes \_\_\_\_\_