

# MASTER'S DEGREE PROGRAM APPLICATION FORM

<b>THE CATHOLIC DISTANCE UNIVERSITY</b>	<b>PLEASE DO NOT WRITE IN THIS SPACE</b>
120 East Colonial Highway, Hamilton, VA 20158-9012; Phone: (540) 338-2700; Fax: (540) 338-4788; E-mail: cdu@edu.edu; Web: www.cdu.edu	_____ _____ _____
	DATE ACCEPTED _____

“It is the honor and responsibility of a Catholic University to consecrate itself without reserve to *the cause of truth*. This is its way of serving at one and the same time both the dignity of man and the good of the Church....”

Pope John Paul II  
*Ex Corde Ecclesiae*, #4

## DIRECTIONS

To enroll in the Master's Degree Program, please print or type all sections of this application. Include payment or credit card information and remember to sign the form. Then mail or fax the whole application (credit card only) to CDU. Failure to complete all sections of the application may affect your acceptance into the program.

## A. CONTACT INFORMATION

TITLE:  Mr.  Mrs.  Ms.  Miss  Doctor  Sister  Brother  Deacon  Other Title (please specify): \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ STUDENT ID (if applicable): \_\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Last Suffix

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP/POSTAL: \_\_\_\_\_

DIOCESE: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F

PHONE Home \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

HIGHEST DEGREE COMPLETED:  BA/BS  MA/MS  PhD  Other: \_\_\_\_\_

ARE YOU ELIGIBLE FOR GI BENEFITS?  Yes  No  Don't Know VA FILE NUMBER: \_\_\_\_\_

WHERE DID YOU FIRST HEAR ABOUT CDU? \_\_\_\_\_

## B. ADMISSION REQUIREMENTS

For Formal Admission to the M.A. Program, you must:

- Provide an official transcript to demonstrate that you have received a bachelor's degree in any academic discipline from an institution accredited by an agency recognized by the United States Department of Education, or equivalent for non-U.S. schools. Transcripts must be sent directly to CDU from the issuing institutions.
- Complete section H, Item E of this form. Please take some time with the essay, which will be evaluated for content and writing skills.
- Send this completed application form and a non-refundable \$150 application fee to CDU.
- When these materials have been reviewed, you will be a candidate for admission to the MA Program until you complete the Master's prerequisite *The Basics of Catholicism: Faith, Life, and Prayer* (206-0800) or *Introduction to Christianity* (206-0106), or are granted a waiver by the Graduate Dean.

## C. EDUCATION

(Please ask colleges/universities that awarded your highest degree (unless a lower degree includes theology and philosophy) to submit an official transcript directly to CDU. Transcripts issued to the student are not acceptable. See the Official Transcript Directions attached to this form.)

A. COLLEGE/UNIVERSITY: \_\_\_\_\_  
START (mm/yyyy): \_\_\_\_\_ END (mm/yyyy): \_\_\_\_\_ HOURS COMPLETED: \_\_\_\_\_  
DEGREE: \_\_\_\_\_ YEAR RECEIVED: \_\_\_\_\_  
MAJOR AREA OF STUDY: \_\_\_\_\_

B. COLLEGE/UNIVERSITY: \_\_\_\_\_  
START (mm/yyyy): \_\_\_\_\_ END (mm/yyyy): \_\_\_\_\_ HOURS COMPLETED: \_\_\_\_\_  
DEGREE: \_\_\_\_\_ YEAR RECEIVED: \_\_\_\_\_  
MAJOR AREA OF STUDY: \_\_\_\_\_

C. COLLEGE/UNIVERSITY: \_\_\_\_\_  
START (mm/yyyy): \_\_\_\_\_ END (mm/yyyy): \_\_\_\_\_ HOURS COMPLETED: \_\_\_\_\_  
DEGREE: \_\_\_\_\_ YEAR RECEIVED: \_\_\_\_\_  
MAJOR AREA OF STUDY: \_\_\_\_\_

D. PREREQUISITE: The graduate course *The Basics of Catholicism: Faith, Life, and Prayer* (206-0800) or *Introduction to Christianity* (206-0106)

Please check the appropriate box below.

- I have completed the pre-requisite course Date of Completion: \_\_\_\_\_
- I am enrolled in the pre-requisite course as of Date: \_\_\_\_\_
- I plan to submit a request for waiver from the dean for the prerequisite course.
- I have received a letter of waiver from the dean for the prerequisite course. (*Letter attached*)

E. Transfer Credit

- YES, I intend to submit an official transcript of master's courses completed at another university (up to 6 graduate credits may be transferred) to fulfill CDU master's degree requirements. Note: Transfer credits must be approved by Graduate Dean prior to admittance.

Name of originating university: \_\_\_\_\_

## D. PROGRAM

The details of the current program of studies for the **Master of Arts in Theology (MA)** are on the CDU web site. All students are to review the online Student Handbook including the Code of Conduct and the Online Discussion Rules under which the University operates. Students have five (5) years to complete the MA program.

Check area (s) of interest (This does not constitute a choice of concentration)

- Ecclesial Service
- Sacred Scripture
- Philosophy/Theology
- Catholic Culture
- Other \_\_\_\_\_

Enter the month and year of your proposed graduation: \_\_\_\_\_

## E. PAYMENT WORKSHEET

Voluntary Tax-Deductible Contribution ..... \$ \_\_\_\_\_  
CDU is a nonprofit educational institution. Tuition covers only a portion of the cost of CDU's program.  
Your tax-deductible donation will be used for scholarships and new course development.

Non-refundable Application Fee:

MA ..... \$150.00

**TOTAL ENCLOSED (U.S. Funds only)** ..... \$ \_\_\_\_\_

## F. PAYMENT INFORMATION

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PAYMENT TYPE:     Check/Money Order     VISA     MasterCard     American Express     Discover Card  
NAME (as it appears on card): \_\_\_\_\_  
CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

## G. COURSE OF STUDY

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See the web site ([www.cdu.edu](http://www.cdu.edu)) for specific course requirements, up-to-date course offerings, and complete information on tuition and fees.

## H. GOALS & EXPERIENCE

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Please answer briefly the following questions:

A. Goals you wish to achieve by earning a master's degree from CDU (check all that apply):

- Grow in my knowledge of the Faith
- Earn a teaching credential
- Earn a professional credential to do: \_\_\_\_\_
- Other: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe any experience and/or recognition you have received that might contribute to earning this master's degree from CDU:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. What is your field of employment? \_\_\_\_\_  
\_\_\_\_\_

D. Describe any apostolic work you do for the Church: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. On a separate sheet of paper, please write a one-page account of why you are interested in pursuing a master's degree at The Catholic Distance University. This essay will be evaluated both for content and writing skills.

## I. AGREEMENT AND SIGNATURE

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I have read, understand, and agree to all the policies and procedures stated on the CDU web site (or in the current catalog) and on this application form. I certify that all the statements in this application are complete and true.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



THE CATHOLIC DISTANCE UNIVERSITY

*Life Long Learning in the Faith Through Distance Education*

## OFFICIAL TRANSCRIPT DIRECTIONS

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Please do one of the following:

- **If you are enrolling in an undergraduate credit course at The Catholic Distance University**, CDU requires an unofficial transcript of undergraduate work completed or proof of a high school diploma (or its equivalent).
- **If you are applying for acceptance into the Bachelor of Arts Degree Program**, CDU requires official transcript of all undergraduate work completed.
- **If you are applying for acceptance into the Master's Degree Program**, CDU requires an official transcript of your highest degree attained.
- **If you are enrolling in a graduate course and not in the Master's Degree Program**, an unofficial copy is acceptable.

***All transcripts must be sent directly from the university, college, or school to CDU at the following address.***

Director of Admissions  
The Catholic Distance University  
120 East Colonial Highway  
Hamilton, Virginia 20158-9012

(Unofficial copy may be Faxed: 540-338-4788 or  
Emailed: [admissions@cdu.edu](mailto:admissions@cdu.edu))