

**Application for Admission**  
**SS. CYRIL & METHODIUS SEMINARY**

3535 Indian Trail  
Orchard Lake, Michigan 48324-1623  
(248) 683-0312  
[www.sscms.edu](http://www.sscms.edu)  
email: [info@sscms.edu](mailto:info@sscms.edu)



Attach  
Photo  
  
(Optional)

(Please print or type)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

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

Phone Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

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

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Religious Affiliation \_\_\_\_\_ SSN# \_\_\_\_\_

Marital Status \_\_\_\_\_ Ethnic Background \_\_\_\_\_

If a Religious, Please give name of your community \_\_\_\_\_

- Intended Program:
- Master of Divinity
  - Master of Arts in Religious Education
  - Master of Arts in Pastoral Ministry
  - Master of Arts (Theology)
  - English as a Second Language

Where will you reside while attending SS. Cyril and Methodius Seminary?  At Home  On Campus

Will you attend:  Full-time  Part-time

Military Service:  Yes  No If yes, Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_  
month/year month/yea;r

To whom should bills be sent?

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone daytime: ( ) \_\_\_\_\_ evening: ( ) \_\_\_\_\_

When do you hope to begin studies at SS. Cyril and Methodius Seminary?

- Fall  Winter  Summer Year \_\_\_\_\_

List the high school attended from which you have graduated and all colleges/universities attended.

Name of High School	City	State	Month/Year	Diploma, Cert., GED
			From To	
Name of College/University	City	State	Month/Year	Degrees
			From To	

Have you requested transcripts from colleges/universities listed above?  Yes  No

If yes, please give date requested. \_\_\_\_\_

How did you learn about SS. Cyril and Methodius Seminary?

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Why have you decided to apply to SS. Cyril and Methodius Seminary?

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**ADMISSION REQUIREMENTS:** See current Seminary catalogue. In addition, please request two letters of recommendation from people who are familiar with your work and your academic ability. Also, please enclose a short autobiography.

Fee \_\_\_\_\_ Paid \_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

I do /  I do not waive the right to see my letters of recommendation.

Send application, transcripts and other related material directly to:

**Director of Lay Ministry**  
**SS. CYRIL & METHODIUS SEMINARY**  
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 Orchard Lake, MI 48324-1623  
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