



Assessment of Equivalency for the Master of Divinity Degree

Aquinas Institute of Theology is accredited by the Association of Theological Schools of North America. According to the accreditation standards, our Doctor of Ministry in Preaching Program requires that students possess a Master of Divinity degree from an accredited institution—or the educational equivalent of the M.Div. degree, determined on the basis of graduate work commensurate in kind, quality, and amount typical of North American M.Div. programs.

M.Div. equivalency ordinarily includes a master's level degree in theology, theological studies or pastoral studies. Applicants for the D.Min. in Preaching are to have completed at least six graduate credits in homiletics. In determining remaining equivalency requirements for the M.Div. degree, the dean considers additional course work in biblical, systematic, liturgical and homiletic theology; significant teaching experience; publications; and sustained ministry experience demanding ongoing scholarship. Applicants should have completed at least three years of full-time ministry.

Prospective D.Min. students who do not have the required M.Div. degree but meet the above criteria must follow this protocol:

- 1) At least three months prior to the admissions deadline for the date of intended enrollment, write a letter to the Academic Dean of Aquinas Institute of Theology (Fr. Michael Mascari, OP). In the letter, formally state that you are requesting M.Div. equivalency in light of your interest in our D.Min. in Preaching.
- 2) Send the letter of request along with the completed attached forms (listing specific workshops and ministerial experiences) to the Admissions Office.
- 3) Request official academic transcripts be sent directly to:

Paper-based:

Admissions Office
Aquinas Institute of Theology
23 S. Spring Avenue
St. Louis, MO 63108-3323

Electronic:

admissions@ai.edu

Upon Aquinas Institute's receipt of **all** materials related to your request, your request will be submitted to Academic Dean for a decision. You will be notified when the assessment is completed.


Aquinas
 INSTITUTE OF THEOLOGY
MDIV EQUIVALENCY REQUEST

Date of Application: _____

Title (Rev., Dr., Mr., Mrs., etc.): _____

Name: _____
Last Name (Surname)

 Maiden

 First

 Middle

Mailing Address: _____
Street

 City

 State

 Zip

Telephone: Home (____) _____ - _____ **Cell** (____) _____ - _____

Email: _____

I am requesting equivalency for *M.Div. Degree* in order to begin studies for the degree of *Doctor of Ministry in Preaching*.

Semester you plan to begin studies at Aquinas Institute: Fall Year: 20____

1. Official transcripts of your study listed below must be sent to the Office of the Registrar.

Colleges attended	Degrees or Total Number of Credits Earned	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Workshops/Conferences Attended or Presented: On attached form, include title and topic, presenter and credentials if known, date and place, number of clock hours, sponsoring agency.

3. Ministry Related Work and Experience: On attached form, list experiences that manifest content or skills learned that relate to your equivalency request. Be specific about the content or skills you have acquired.

4. Other Educational or Spiritually Formative Experience: On attached form, if there are other experiences you think are relevant to your request, briefly describe the nature of the experience and indicate what you learned from the experience that you think applies to your equivalency request.



**MDIV EQUIVALENCY REQUEST
WORKSHOPS/CONFERENCES ATTENDED OR PRESENTED**

TITLE & TOPIC: _____

Presenter & Credentials (if known): _____

Date & Place: _____ **Number of Clock Hours:** _____

Sponsoring Agency: _____

TITLE & TOPIC: _____

Presenter & Credentials (if known): _____

Date & Place: _____ **Number of Clock Hours:** _____

Sponsoring Agency: _____

TITLE & TOPIC: _____

Presenter & Credentials (if known): _____

Date & Place: _____ **Number of Clock Hours:** _____

Sponsoring Agency: _____

TITLE & TOPIC: _____

Presenter & Credentials (if known): _____

Date & Place: _____ **Number of Clock Hours:** _____

Sponsoring Agency: _____

TITLE & TOPIC: _____

Presenter & Credentials (if known): _____

Date & Place: _____ **Number of Clock Hours:** _____

Sponsoring Agency: _____

Duplicate as necessary.



**MDIV EQUIVALENCY REQUEST
MINISTRY RELATED WORK AND EXPERIENCE**

List experiences that manifest content or skills learned that relate to your equivalency request. Be specific about the content or skills you have acquired.

1. Date and Location of Ministry Experience: _____

Supervisor Name and Phone: _____

Content & Skills Acquired: _____

2. Date and Location of Ministry Experience: _____

Supervisor Name and Phone: _____

Content & Skills Acquired: _____

3. Date and Location of Ministry Experience: _____

Supervisor Name and Phone: _____

Content & Skills Acquired: _____

4. Date and Location of Ministry Experience: _____

Supervisor Name and Phone: _____

Content & Skills Acquired: _____

Duplicate as necessary.



**MDIV EQUIVALENCY REQUEST
OTHER EDUCATIONAL OR SPIRITUALLY FORMATIVE EXPERIENCE**

If there are other experiences you think are relevant to your request, briefly describe the nature of the experience and indicate what you learned from the experience that you think applies to your equivalency request.

Signature: _____

Date: _____