

Application for Admission to Academic Programs

Evangel Theological Seminary offers a graduate school for those seeking a theological education as well as non-degree programs for those who only want or need a certificate. In order to qualify for admission to graduate level courses, all prospective students must meet the general admission requirements <u>as stated in the Academic Catalog.</u>

Evangel Theological Seminary admits students of any gender, race, color, national or ethnic origin to the rights, privileges, programs, and activities available. Evangel does not discriminate in the administration of its academic policies, admissions policies, scholarship awards, or any other school administered policy or program.

INSTRUCTIONS:

- Fill out the application completely. Type or print legibly.
- Enclose a \$30.00 non-refundable Application Fee.
- Enclose a wallet size photograph.
- Enclose an autobiography (minimum 500 words).
- Official transcripts from all colleges, universities, or graduate schools attended are required and should be requested by the time the Application Form is submitted.
- Mail the completed Application Form (along with fee, photo, and autobiography) to:

Evangel Theological Seminary 36 Southgate Ct., Suite 201 Harrisonburg, VA 22801

	PERSONAL INFORMA	TION		
Name:		Date of Birth:		
		Email Address:		
Address:				
	Zip Code:			
Phone Number:	Work:	Cell:		
Married: Single:_	Divorced:	Widow/Widower:		
Spouse's Name:				
Children (1 st names & ages)):			

Occupation:	
	Length of Employment:
Position/positions held:	
	EDUCATION
attended, year graduated, and de-	ols (College, Graduate) which you have attended. Include the date gree received. Please have official transcripts from every college, ed sent to the Office of the Registrar.
Date you requested transcripts be se	ent to the Office of the Registrar:
	ACADEMIC PROGRAM
Please check the program in which y	ou seek to enroll.
Doctor of Ministry: Ma	aster of Divinity: Master of Theological Studies:
Biblical Studies Diploma:	Non-degree:
What is your reason for enrolling at E	Evangel Theological Seminary?

Expected enrollment da	ate:			
CHURCH AFFILIATION				
Name & address of the church you attend:				
Pastor's Name:				
Are you a member?	Yes:	How long?		
	No:	How long have you attended?		
	N	MINISTRY EXPERIENCE	2 500 500 50	
Describe your past and	present involveme	ent in Christian and/or community service.		
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Do you feel called to a	definite Christian m	ninistry? If so, please give a brief statement describing your call.		

REFERENCES
Please provide the names and addresses of three individuals (no family members) who can provide personal reference for you. Make one of those references your pastor.
Name:
Address:
Email address:
Namo
Name:
Address:
Email address:
Email address.
Name:
Address:
Email address:
I certify that all of the information contained in this application is true and correct to the best of m knowledge.
Signature:Date:
DateDate.