



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

DISTANCE LEARNING SPECIAL ADMISSION APPLICATION

STATEMENT OF PURPOSE: *Southeastern Baptist Theological Seminary prepares men and women by means of academic studies and practical preparation for leadership roles in Baptist churches and in other Christian ministries.*

This application allows students to register under special academic standing. After this application has been received you will be assigned a student id number which will be communicated to you through email. Once this application is submitted, you must begin the regular admissions process. ***This application will only allow you to attend classes for one semester.**

PERSONAL DATA

Full legal name: _____ Male: ___ Female: ___

Address: _____

City, State, Zip: _____

Email: _____ Phone number: (____) _____ Secondary Phone: (____) _____

Social Security Number: _____ - _____ - _____ Birth Date: ____/____/____

Where do you consider home? City: _____ State: _____

Are you a U.S. citizen? ___ Yes ___ No If no, state legal nationality and/or citizenship: _____

Ethnic Origin: ___ Am. Indian or AK Native ___ Asian or Pacific Islander ___ Black ___ Hispanic ___ White

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Remarried ___ Widowed

Do you possess an undergraduate degree? ___ Yes ___ No

If yes, list the FULL NAME of the degree awarding institution _____

Have you ever been convicted of a felony? _____ If yes, please explain. Use back if necessary: _____

Emergency contact (*name, relationship, phone number*): _____

Do you have a Bachelor's Degree? _____ Name of College or University _____

LOCATION

Extension Center: _____ Term: ___ Fall ___ Spring ___ Summer Online Only:

CHURCH ATTENDANCE

IMB and NAMB personnel please list appropriate agency.

Church Name: _____ Phone: (____) _____

Cooperating Southern Baptist Church? ___ Yes ___ No Pastor: _____

CERTIFICATION

I certify that to the best of my knowledge the information provided on this application form and in other admission related documents is true, accurate, complete, and is voluntarily given. I hereby give my permission for this information to be used by Southeastern Baptist Theological Seminary for the purpose of considering my admission, for academic advisement, and for maintaining student records. I fully understand that false or misleading information provided to the Seminary as a part of this application or in the accompanying documents may invalidate the approval process or, if admission has already occurred, may be considered as sufficient grounds for dismissal and/or for the denial or the revoking of an official academic transcript and/or degree. Further, I understand that other actions contrary to biblical moral standards or to Seminary policies also stand as sufficient grounds for denial of admission and/or dismissal at any time from the Seminary.

My signature indicates my understanding of and agreement with the conditions under which this application is made.

Signature Date _____