



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

NON-DEGREE (CREDIT ONLY) APPLICATION FOR ADMISSION

Southeastern Baptist Theological Seminary seeks to glorify the Lord Jesus Christ by equipping students to serve the church and fulfill the Great Commission (Matthew 28:19-20).

Southeastern Baptist Theological Seminary
Admissions Office
P.O. Box 1889
Wake Forest, NC 27588-1889
(919) 761-2280

INSTRUCTIONS

Please note that the following items are required for completion of the application for a Non-Degree (Credit-Only) Student at Southeastern:

1. Complete all items on this **NON-DEGREE (CREDIT-ONLY) APPLICATION FOR ADMISSION**
2. Enclose a \$30.00 non-refundable **APPLICATION FEE**
3. Attach a recent passport sized **PHOTOGRAPH** of the applicant in the space provided.
4. Request that the church of your current membership or your home church complete the **CHURCH RECOMMENDATION** form. After formal action is taken, the church should send the form directly to the seminary. A church recommendation is a prerequisite for admission to Southeastern. *Type or print your name in the space provided on the form before distribution.*
5. Complete the **MEDICAL INFORMATION** form honestly and accurately.
6. Provide the **IMMUNIZATION HISTORY** form signed by a physician.
7. Sign and submit a copy of the **SOUTHEASTERN COVENANT**.

NOTE: Applications take approximately 30 days to process after all required items are received by the Admissions Office. The Admissions Committee treats all material confidentially. If approved, the application file will remain valid for one year from the date of approval. If completion of the application or attendance to seminary classes is delayed beyond one year or if this application is not approved, a new updated application and necessary forms must be submitted in order to reopen the application process. Please contact the Admissions Office if you have any questions about your application or about the admission process.

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Application Date: _____

Student ID #: _____

(Office Use Only)

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I. CONTACT INFORMATION

Full Legal Name _____

First Middle Last

Maiden Name _____ Name by which you are called _____

Mailing Address _____

City _____ State _____ Zip Code _____

Day Time Phone Number (____)____-____ Additional Phone Number (____)____-____

Email Address _____

I desire to begin my studies in the ___ Fall ___ Spring ___ Summer (year) 20_____

Required:
Attach a recent
passport size color
photo of applicant
here

II. FURTHER INFORMATION

Gender: ___ Male ___ Female Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

Ethnic Origin:

___ American Indian or Alaskan Native ___ Asian or Pacific Islander ___ Black: Non-Hispanic ___ Hispanic ___ White: Non-Hispanic

What do you consider to be your home state? _____

Occupation/Place of most recent employment _____ ___ Full-time ___ Part-time

Have you previously applied to Southeastern? ___ Yes ___ No

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

Is English your first language? ___ Yes ___ No If no, what is your first language? _____

If English is not your first language, a TOEFL score is required. The TOEFL code for The College at Southeastern is 5620.

I desire to begin my studies in the (*check one*) ___ Fall ___ Spring ___ Summer (year) 20_____

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

Have you been divorced or legally separated, or are you in the process of divorce or separation? ___ Yes ___ No *If yes, you will be asked to complete an additional form, and you may be required to interview with the Admissions Committee.*

If you are married, is your spouse fully supportive of your application to seminary? ___ Yes ___ No

Spouse's full name _____

Name, age, and gender of each child living at home _____

In case of emergency, whom should we contact (name, relationship, phone number): _____

III. RELIGIOUS HISTORY

How long have you been a Christian? _____

Name and mailing address of the church in which you presently hold membership:

Is this a cooperating Southern Baptist Church? Yes No If No, how is it identified denominationally? _____

Are you licensed? Yes No Are you ordained? Yes No

IV. EDUCATIONAL HISTORY

Name and location of high school attended _____

_____ Graduation date _____

List **all** colleges and other post-secondary schools attended:

| Name of School | Degree | Major | Dates Attended |
|----------------|--------|-------|----------------|
| _____ | _____ | _____ | _____ -- _____ |
| _____ | _____ | _____ | _____ -- _____ |

V. PERSONAL STATEMENT

Please attach a typed **250-500 word** essay including:

- (1) Your **full legal name, birth date, signature and current date.**
- (2) Your **conversion experience** and your sincere **commitment to Jesus Christ as Lord and Savior.**
- (3) Your **commitment and call** to Christian Ministry
- (3) Your **reasons for desiring an education from Southeastern Baptist Theological Seminary.**

The Admissions Committee is especially interested in reading of any plans you may have for Christian vocational service. Classes in the Seminary are designed to prepare Christian men and women for a variety of vocations. Also include any matters of special concern of which the Admissions Committee should be aware.

VI. 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. I understand that other action contrary to biblical moral standards or Seminary policies is sufficient for denial of admission and/or dismissal at any time.

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

Signature

Date

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DEFINITION OF CATEGORIES

Full legal name _____ Birth date: ____ / ____ / ____

CHECK ONE

| Category | Definition |
|----------------------------|---|
| ____ 1. Extra | I have previously completed a seminary degree and I am pursuing additional credit work but not an additional degree. |
| ____ 2. Missions | I have a relationship with the Southern Baptist International Mission Board relative to missionary appointment, but I am not pursuing a degree program. (I am aware that a certificate is available if certain requirements are met.) |
| ____ 4. Visiting | I am a regular student in another institution, but I am seeking to take selected courses offered at Southeastern for possible transfer of credits to my degree program at the other school. |
| ____ 5. Pre-doctoral | I have completed a master's degree and am taking additional hours to prepare for language examinations, academic proficiencies, entrance examinations, and/or other studies prior to admission to doctoral study. |
| ____ 6. Enrichment | I am seeking to take courses for personal enrichment. |
| ____ 7. Additional credits | I may pursue a Master's degree at a later time but now I want to receive transcript credit for the classes to be taken. |
| ____ 8. Certificate | I plan to pursue the Certificate or Diploma. |
| ____ 9. Other | (None of the Above): _____ _____ _____ |



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MEDICAL INFORMATION

(to be completed by applicant)

We desire to work in the most effective manner possible with each student and request that you furnish the following information. Type or print with black or blue ink and answer all the questions to the best of your ability.

Full name _____

Social Security Number _____ Date of Birth _____

Have you had or do you have any of the following?

If yes answer is given to any question below, please give more information on back of form.

| | Yes | No | | Yes | No |
|-------------------------|-------|-------|------------------------------|-------|-------|
| Arthritis | _____ | _____ | Kidney Trouble | _____ | _____ |
| Diabetes | _____ | _____ | Anemia | _____ | _____ |
| Epilepsy or Convulsions | _____ | _____ | Cancer | _____ | _____ |
| Abnormal Blood Pressure | _____ | _____ | Asthma | _____ | _____ |
| Paralysis | _____ | _____ | Ear, Nose, or Throat Trouble | _____ | _____ |
| Heart Trouble | _____ | _____ | Eye Trouble | _____ | _____ |
| Tuberculosis | _____ | _____ | Fainting Spells | _____ | _____ |

Is your physical activity restricted? _____

Have you any disease or condition for which continuing medication or treatment is required? _____

Are you postponing medical treatment? _____

Do you have any allergy or known sensitivity or intolerance? _____

Do you have any communicable disease? _____

Has treatment been received or recommended for nervous, psychiatric, or emotional problems? _____

Do you require special assistance because of a physical disability? _____

Are there health factors which would make it difficult for you to carry a full program of studies while at college? _____

Signature

Date



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THE SOUTHEASTERN COVENANT

1. I understand and embrace the commitment of Southeastern to be a distinctively Christian institution, and I commit myself to seek to know and obey Christ and His Word.
2. I will prioritize my family over my studies; I will learn and follow the directions in God's Word concerning my conduct in my family.
3. I will maintain involvement in a local church, regularly worshiping and studying God's Word with a body of believers.
4. I will follow the policies of Southeastern, and will treat the people and property of this community with respect and courtesy.
5. I will tell the truth, and my academic work will be my own.
6. Either on or off campus, I will not possess or use alcoholic beverages or illegal drugs, I will not misuse prescription drugs, and I will not use tobacco products.
7. I will be financially responsible, paying my bills and working to support myself as necessary.
8. I will keep my mind and body pure, and free from any form of sexual sin, including pornography.
9. I will do my best in my academic work to please the Lord, so that I may be "a workman who does not need to be ashamed" (2 Timothy 2:15).
10. I will conduct myself as a witness of Jesus, treating people with grace and kindness.

Name _____

Signature _____

Date _____

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