



NEW ORLEANS  
BAPTIST THEOLOGICAL SEMINARY

# MINISTRY WIFE INTERNET REGISTRATION FORM

Instructions: Print a copy, complete this application, and mail with a check for the total amount of tuition and fees to:  
Leavell College  
3939 Gentilly Blvd.  
New Orleans, LA 70126

Date: \_\_\_\_\_ NOBTS-ID #: \_\_\_\_\_ E-mail : \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden, if applicable)

Address: \_\_\_\_\_  
(Street Box Number) (City) (State) (Zip Code)

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is your husband currently an NOBTS student?  No  Yes

Is your husband currently serving in a ministry position?  No  Yes ➔ If so, what type of position? \_\_\_\_\_

Have you ever been divorced or separated?  No  Yes ➔ More than once? \_\_\_\_\_

Have you ever seen a psychiatrist or counselor?  No  Yes How long have you been a Christian? \_\_\_\_\_

Current denominational affiliation:  Southern Baptist  Other Baptist \_\_\_\_\_  Non-Baptist \_\_\_\_\_  
(Which?) (Which?)

Present place of church membership: \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING SECTION IF YOU ARE A NEW STUDENT:**

Social Sec. # \_\_\_\_\_ Nationality and Ethnicity: \_\_\_\_\_

INSTITUTION	LOCATION	DATES ATTENDED	DEGREE SOUGHT	DATE RECEIVED
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Seminary	_____	_____	_____	_____
Other	_____	_____	_____	_____

**COURSE(S) IN WHICH I AM ENROLLING:**

Term:  Fall  Spring  Summer Year: \_\_\_\_\_

Course #	Course Title	Instructor	# of Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### FEE SCHEDULE

\$25 application fee (all new students) \_\_\_\_\_

Total hours of credit \_\_\_\_\_

Tuition of \$175 per credit hour \$ \_\_\_\_\_

Internet Fee of \$75 per credit hour \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Please note:**

**Wives of current NOBTS students are exempt from tuition and the internet fee.**

**Generous donations made to the Mary French Ministry Wife Program Endowment cover these costs.**

**ALL TUITION AND FEES MUST BE RECEIVED BEFORE REGISTRATION DEADLINE.**

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:

Term: \_\_\_\_\_

Amt.: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_