

**APPLICATION FOR READMISSION - GRADUATE**  
Desired Term of Readmission: Term \_\_\_\_\_ Year \_\_\_\_\_

*If you have been out of school for at least one semester, but have not been out for more than a year, please supply the information requested below. **Enclose a check or money order for \$10.00 (payable to New Orleans Baptist Theological Seminary) to cover the application fee (non-refundable).***

NOBTS-ID# \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Check the program of study which you will pursue.\***

*\*NOTE: You cannot change your degree program on this Application for Readmission. If you wish to change your degree program, please contact the Academic Advisor in the Registrar's Office.*

- |   |   |
|---|---|
| <input type="checkbox"/> Master of Divinity (Basic)                       | <input type="checkbox"/> Master of Arts in Theology           |
| <input type="checkbox"/> Master of Divinity with Specialization in _____  | <input type="checkbox"/> Master of Arts in Biblical Studies   |
| <input type="checkbox"/> Master of Arts in Christian Education            | <input type="checkbox"/> Master of Arts in Missiology         |
| <input type="checkbox"/> Master of Arts in Marriage and Family Counseling | <input type="checkbox"/> Master of Arts in Worship Ministries |
| <input type="checkbox"/> Non-Degree Student                               | <input type="checkbox"/> Master of Music in Church Music      |

**Indicate your primary campus**

- New Orleans Campus  
 \_\_\_\_\_ Extension Center or Online Track (Indicate Center)  
*Specify*

**Current Denomination Affiliation:**

- Southern Baptist       Other Baptist       Non-Baptist

**Current Place of Church Membership** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Marital Status:**     Married       Single

**Have you ever been divorced or legally separated?** \_\_\_\_\_ **If so, more than once?** \_\_\_\_\_  
**If married, do you have children?** \_\_\_\_\_ **Please give the number of children and their ages.**  
\_\_\_\_\_

**Means of Financial Support?** \_\_\_\_\_

**Date FIRST enrolled at this Seminary?** \_\_\_\_\_

**Date LAST enrolled at this Seminary?** \_\_\_\_\_

**DESIRED date RE-ENROLLED at this Seminary?** \_\_\_\_\_

*You will be notified of the action of the Admissions Council concerning your readmission to the seminary for further study. Every attendance for the session indicated is checked for the purpose of readmission.*

**Return this form to:**      Registrar's Office, NOBTS, 3939 Gentilly Blvd., New Orleans, LA 70126  
Fax: (504) 816-8453; Email: [admiss@nobts.edu](mailto:admiss@nobts.edu)

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*\*Office Use Only*

**Clinic Cleared** \_\_\_\_\_      **English Fulfilled** \_\_\_\_\_      **Business Office** \_\_\_\_\_

**Transcript** \_\_\_\_\_      **Fee Paid** \_\_\_\_\_