



NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY GRADUATE SPECIAL STUDENT APPLICATION

OFFICE USE ONLY:
\$25 FEE PAID:

NEW ORLEANS
BAPTIST THEOLOGICAL SEMINARY

DATE: _____ SOCIAL SECURITY NUMBER: _____ NOBTS ID: _____
(IF KNOWN)

NAME: _____
(LAST)(FIRST)(MIDDLE)(MAIDEN)

ADDRESS: _____
(STREET OR BOX NUMBER)(CITY)(STATE)(ZIP CODE)

TELEPHONE NUMBER: _____ E-MAIL: _____

NATIONALITY AND ETHNICITY*: _____ DATE OF BIRTH: _____ SEX: _____

STATUS SOUGHT: AUDITOR TRANSIENT STUDENT NON-DEGREE GRADUATE CERTIFICATE : _____
(TYPE OF CERTIFICATE)

LOCATION OF PROGRAM: _____

WHEN DO YOU WISH TO BEGIN YOUR WORK? _____
(SEMESTER, YEAR)

HOW LONG HAVE YOU BEEN A CHRISTIAN? _____ ARE YOU MARRIED? YES NO

HAVE YOU EVER BEEN DIVORCED OR LEGALLY SEPARATED? YES NO MORE THAN ONCE? _____

HAVE YOU EVER BEEN UNDER THE CARE OF A PSYCHIATRIST, PSYCHOLOGIST, AND/OR COUNSELOR? YES NO

IF YOU HAVE CHILDREN, PLEASE GIVE THE NAME, SEX, AND AGE OF EACH

CURRENT DENOMINATIONAL AFFILIATION:
 SOUTHERN BAPTIST NON-BAPTIST OTHER BAPTIST } _____
(PLEASE SPECIFY)

PRESENT PLACE OF CHURCH MEMBERSHIP _____
(CHURCH NAME)

CHURCH ADDRESS _____
(STREET OR BOX NUMBER)(CITY)(STATE)(ZIP CODE)

STATE THE FULL EXTENT OF ANY PREVIOUS STUDY:

INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE?	YEAR REC'D?
_____ (HIGH SCHOOL)	_____	_____	_____	_____
_____ (COLLEGE)	_____	_____	_____	_____
_____ (SEMINARY)	_____	_____	_____	_____

*FOR STATISTICAL PURPOSES ONLY.

SUPPORTING DOCUMENTS:

ALL STUDENTS SEEKING TO TAKE MASTERS LEVEL CLASSES WILL HAVE TO SUBMIT THE FOLLOWING:

1. AN OFFICIAL TRANSCRIPT FROM YOUR UNDERGRADUATE INSTITUTION, INCLUDING YOUR DATE OF GRADUATION AND DEGREE EARNED PRINTED ON THE TRANSCRIPT. THIS ORIGINAL TRANSCRIPT MUST BE RECEIVED IN AN ENVELOPE SEALED BY THE ISSUING INSTITUTION.
2. ALL STUDENTS WHO CHOOSE TO ATTEND SEMESTER LENGTH CLASSES IN LOUISIANA ARE REQUIRED BY STATE LAW TO PROVIDE PROOF OF IMMUNIZATION. PLEASE HAVE THE ATTACHED IMMUNIZATION FORM FILLED OUT BY A HEALTH CARE PROVIDER AND SUBMIT IT TO THE REGISTRAR'S OFFICE.

IN ADDITION, ALL NON-DEGREE STUDENTS AND GRADUATE CERTIFICATE STUDENTS WILL HAVE TO SUBMIT THE FOLLOWING:

3. THE ATTACHED HEALTH CERTIFICATE, FILLED OUT BY A HEALTH CARE PROVIDER
4. REFERENCE LETTERS FROM THREE REFERENCES WHO HAVE KNOWN YOU WELL FOR AT LEAST ONE YEAR. YOU NEED TO HAVE REFERENCES FROM A PASTOR, A CHURCH LEADER IN YOUR CURRENT CHURCH, AND A FRIEND. PLEASE FIND THE FORMS ATTACHED TO THIS APPLICATION, AND HAVE YOUR REFERENCES MAIL OR FAX THEM TO THE REGISTRAR'S OFFICE AT THE ADDRESS ON THE FORM.
5. THE CHURCH STATEMENT FORM, VOTED ON AND COMPLETED BY YOUR CHURCH AND RETURNED TO THE REGISTRAR'S OFFICE

IN ADDITION, ALL STUDENTS WHO WISH TO EARN A DEGREE FROM NOBTS MUST FILL OUT THE COMPLETE MASTERS APPLICATION AND BE APPROVED AS DEGREE SEEKING STUDENTS.

PLEASE SUBMIT THIS FORM AND ALL ACCOMPANYING MATERIALS TO:

NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY
REGISTRAR'S OFFICE
3939 GENTILLY BLVD.
NEW ORLEANS, LA 70126
FAX: (504) 816-8453

APPLICANT'S SIGNATURE

DATE