



SHEPHERDS THEOLOGICAL SEMINARY

Application for Admission to Audit Courses

Please complete entire application and print clearly.

- \$30 non-refundable application fee
- Letter of Recommendation from Pastor
- Personal Testimony

A passport-size photo of yourself must be attached in this space.

Personal Information

Full Name _____ Date of Application _____
Last First MI Preferred Name

Present Address _____ City/State/Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

(Circle Preferred Phone Number) Email _____

Name of Contact 1 In Case Of Emergency _____ Relationship: _____ Phone _____

Name of Contact 2 In Case Of Emergency _____ Relationship: _____ Phone _____

Date of Birth _____ Place of Birth _____ Age _____ Sex _____

Occupation _____

The U.S. Department of Education requests the following information on ethnic origin (check one):

- White
- Black/African American
- Hispanic
- Unknown
- Asian
- American Indian or Alaskan Native
- Non-resident alien (any race or ethnicity)
- Other (Two or more races specify) _____
- Native Hawaiian or Pacific Islander

Country of Citizenship _____ If not a citizen of the United States, on what type of _____

Denominational or Ecclesiastical Affiliation _____

Present Church Attending _____ Member Non-member

Name of Pastor _____ Church Address _____

Applicant Agreement

I have read, understand, and will respect the Doctrinal Statement, the Statement of Purpose, the Seminary and Student Objectives, and the Educational Philosophy as set forth in the current catalog. I have read, understand, and intend to adhere to the Code of Conduct as set forth in the current catalog. If admitted, I agree to seek earnestly the will of God for my life, to conform sincerely to these standards of Shepherds Theological Seminary, and to assist in maintaining the spirit and letter of institutional regulations.

Signature of Applicant _____

Date _____