



THE COLLEGE AT  
**SOUTHEASTERN**  
A School of Southeastern Baptist Theological Seminary

# APPLICATION FOR ADMISSION

*The College at Southeastern fulfills the mission of SEBTS by providing undergraduate education in biblical and theological studies and the liberal arts in order to prepare students in their respective vocations.*

The College at Southeastern  
Admissions Office  
P.O. Box 1889  
Wake Forest, NC 27588-1889  
(919) 761-2281

# INSTRUCTIONS

1. Complete all items on this **APPLICATION FOR ADMISSION** form.
2. Attach a recent passport style **PHOTOGRAPH** of the **applicant** in the space provided.
3. Enclose a \$40 non-refundable **APPLICATION FEE**.
4. Provide **OFFICIAL TRANSCRIPTS** of **ALL** previous high school, college, or university academic work reflecting credit hours attempted. Original transcripts must be certified by and mailed from the registrar of each school directly to The College at Southeastern's Admissions Office in an official, sealed envelope. If your program of study is in progress, a preliminary transcript should be requested showing all hours completed at the time of this application. A final high school transcript indicating the "Degree Received/Conferred" must be submitted after graduation. Unofficial transcripts released to the student or copies of transcripts are **NOT** acceptable.
5. Students are required to provide **OFFICIAL TEST SCORES** from either the SAT or ACT. These test scores must be certified by and mailed from the respective testing agency directly to The College at Southeastern's Admissions Office in an official, sealed envelope. The SAT College Code is 7050. The ACT College Code is 3092.
6. 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 College. A church recommendation is a prerequisite for admission to The College at Southeastern. *Type or print your name in the space provided on the form before distribution.*
7. Ask two individuals (non-family members) who have known you for at least two years (for example, a teacher, an employer, or a mentor) to complete the **CONFIDENTIAL REFERENCE FOR ADMISSION** form. Ask each individual to mail the form directly to the Admissions Office. *Type or print your name in the space provided on each reference form before distribution.* (Reference forms are confidential and may not be viewed by the applicant before or after they have been received in the Admissions Office.)
8. Ask one pastor (non-family member) who has known you for at least one year (for example, Senior Pastor, Youth Pastor, College Pastor) to complete the **CONFIDENTIAL PASTOR REFERENCE FOR ADMISSION** form. Ask the individual to mail the form directly to the Admissions Office. *Type or print your name in the space provided on each reference form before distribution.* (Reference forms are confidential and may not be viewed by the applicant before or after they have been received in the Admissions Office.)
9. Complete the **MEDICAL INFORMATION** form honestly and accurately.
10. Provide the **IMMUNIZATION HISTORY** form signed by a physician.
11. Prepare the **PERSONAL STATEMENT**. This is a significant part of the application. Include an explanation of each of the following: (1) your salvation and (2) your reasons for applying to The College at Southeastern.
12. If you are married, have your spouse complete the **SPOUSE'S PERSONAL STATEMENT**.
13. Sign 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 purposes of admission for one year from the date of approval. If completion of the application or attendance to college 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.

The College at Southeastern  
Admissions Office  
P.O. Box 1889  
Wake Forest, NC 27588-1889  
(919) 761-2281

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

Student ID #: \_\_\_\_\_

(Office Use Only)

## APPLICATION FOR ADMISSION

### I. APPLICANT 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 \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you previously applied to Southeastern? \_\_\_\_\_ No \_\_\_\_\_ Yes

Have you previously attended Southeastern? \_\_\_\_\_ No \_\_\_\_\_ Yes

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

### II. PERSONAL INFORMATION

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed

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

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.*

If you are married, is your spouse fully supportive of your application to the College? \_\_\_\_\_ Yes \_\_\_\_\_ No

Spouse's full name \_\_\_\_\_

Spouse's occupation \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Name, age, and gender of each child living at home \_\_\_\_\_

### III. EMERGENCY CONTACT INFORMATION

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_

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#### IV. DEGREE INFORMATION

This application is for the program checked below:

- Bachelors of Arts in Christian Studies and English
- Bachelors of Arts in Christian Studies and History
- Bachelors of Arts in Christian Studies and Humanities
- Bachelors of Arts in Christian Studies and Missions
- Bachelors of Arts in Christian Studies and Music
- Bachelors of Arts in Christian Studies and Pastoral Ministry
- Bachelors of Arts in Christian Studies and Theology
- Associate of Divinity (must be at least 30 years old to apply)
- Associate of Arts

I desire to begin my program of studies in the: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer (year) 20\_\_\_

I will be attending: \_\_\_ on campus (Wake Forest) \_\_\_ Distance Learning (on-line)

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#### V. 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?* \_\_\_\_\_

Do you plan to serve within Southern Baptist life? \_\_\_ Yes \_\_\_ No

Which do you consider to be your home church? \_\_\_\_\_

To whom do you look as your pastor? \_\_\_\_\_

Are you licensed? \_\_\_ Yes \_\_\_ No      Are you ordained? \_\_\_ Yes \_\_\_ No

Have you participated in mission trips or other short term missions? \_\_\_ Yes \_\_\_ No

Have you had any overseas or other cross-cultural mission experience? \_\_\_ Yes \_\_\_ No

In what ways have you served in your local church? (For example Sunday School teacher, Vacation Bible School, Preaching, Staff, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On average, how many hours a week do you spend in:

\_\_\_ Prayer      \_\_\_ Devotional reading      \_\_\_ Church activities      \_\_\_ Other reading  
\_\_\_ Bible study      \_\_\_ Personal witnessing      \_\_\_ Academic reading      \_\_\_ TV

What other ministry related activities have contributed to your spiritual formation and preparation for The College at Southeastern?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VI. PERSONAL REFERENCES

List the names, complete addresses, and telephone numbers of the individuals (non-family) to whom you are sending the two **Confidential Character Reference for Admission** forms and the **Confidential Pastor Reference for Admission** form.

\_\_\_\_\_  
 Name of Reference                      Address                      Telephone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

\_\_\_\_\_  
 Name of Reference                      Address                      Telephone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

\_\_\_\_\_  
 Name of Pastor                      Address                      Telephone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

## VII. FINANCIAL DATA

Have you ever been engaged in legal action regarding your personal finances?  No  Yes  
*If your answer is yes, please explain.*

Is there anything in your financial history or current financial status (e.g. major pending debts other than house and/or car) that could in any way affect your ability to pay College tuition & fees in a timely manner?  No  Yes  
*If your answer is yes, please explain.*

Explain your plans for financing education expenses not including scholarships.

## VIII. 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	Transcript Requested
_____	_____	_____	_____ -- _____	_____ Yes
_____	_____	_____	_____ -- _____	_____ Yes
_____	_____	_____	_____ -- _____	_____ Yes
_____	_____	_____	_____ -- _____	_____ Yes

**NOTE:** Official transcripts for each institution, including high school, must be received before this application can be considered for admission.

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## IX. PERSONAL INFORMATION

The College at Southeastern is a Southern Baptist institution existing under a Statement of Purpose to prepare men and women for Christian ministry, and is built upon the Articles of Faith as found in the catalog. The school is financed in large part by gifts from local churches through the Southern Baptist Cooperative Program. Only individuals with high moral standards and Christian commitments should apply. Current or past participation in behaviors such as those listed below does not preclude admission to The College at Southeastern, though an interview with the Admissions Committee may be required.

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.*

Do you have a criminal record?  Yes  No *If yes, explain in the attached personal statement.*

Do you have or have you had any judicial actions taken against you?  Yes  No *If yes, explain in the attached personal statement.*

Do you have any history of abusive behavior toward others?  Yes  No *Southeastern does not tolerate crude, lewd, abusive, or immoral behavior of any kind.*

Do you partake of alcoholic beverages?  Yes  No *The use or possession of alcoholic beverages is not allowed for Southeastern students.*

Do you use tobacco in any form?  Yes  No *The use of tobacco is not permitted for Southeastern students.*

Do your sexual behaviors contradict New Testament standards?  Yes  No *If yes, this must be corrected prior to your arrival on campus, and biblical standards must be maintained throughout your career as a student.*

Are you in any way involved in homosexual behavior?  Yes  No *Homosexual behavior is not permitted.*

Are you involved in any way with pornography?  Yes  No *Contact with pornography is not allowed for Southeastern students. This includes magazines, video, Internet, or any other kind of pornography.*

Are you in any way involved in illegal drug use?  Yes  No *Involvement with illegal drugs and abuse of prescription drugs are not permitted.*

Have you ever been dismissed, placed on academic probation, disciplinary probation, or asked to withdraw by any educational institution?  Yes  No *If yes, please explain in the personal statement attached.*

Are you medically insured?  Yes  No *If no, how do you plan to pay for medical expenses?*

Are there any matters of special concern in your background (doctrinal, personal, legal, moral, health, felony or other) of which the Admissions Committee should be aware?  Yes  No *If yes, explain in the attached personal statement. You may be required to interview with the Admissions Committee.*

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## X. 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 **reasons for desiring an education from The College at Southeastern.**
- (4) Address any questions from Section IX to which you answered in the affirmative.

*The Admissions Committee is especially interested in reading of any plans you may have for Christian vocational service. Classes in the College 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.*

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## XI. 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 The College at Southeastern 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 College 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 College 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



# THE COLLEGE AT SOUTHEASTERN

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## MEDICAL INFORMATION

(to be completed by applicant)

We want 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 College at Southeastern fulfills the mission of SEBTS by providing undergraduate education in biblical and theological studies and the liberal arts in order to prepare students in their respective vocations.*

### 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 \_\_\_\_\_



**THE COLLEGE AT  
SOUTHEASTERN**  
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**IMMUNIZATION HISTORY**  
(To Be Filled Out By Physician)

North Carolina state law requires that all entering students present to school authorities a verified record of immunizations (G.S. 130A-155.1). Please complete the Immunization History below.

*Applicants must be verified for the following:*

1. Measles—two doses required for all new students born since 1957. (An individual born prior to 1957 shall not be required to receive measles vaccine.)
2. Rubella—one dose required for all new students through 49 years of age. (An individual who has attained his or her fiftieth birthday shall not be required to receive rubella vaccine except in an outbreak situation.)
3. Tetanus—Diphtheria—three doses required, one of which must have been within the last ten years.

Please note that some exceptions still apply in certain circumstances. Prior measles disease, if documented by a physician, is acceptable proof of immunity, and measles vaccine is not required. Laboratory evidence of proof of rubella protection is acceptable proof of immunity, and rubella vaccine is not required. However, physician diagnosis of “rubella disease” is not acceptable proof of immunity, and either vaccine documentation or laboratory evidence of immunity is required.

Applicant’s full legal name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

VACCINE	DATE	DATE	DATE
DTP	/ /	/ /	/ /
Td	/ /	/ /	/ /
RUBELLA	/ /	MUMPS	/ /
MEASLES	/ /	MMR	/ /

Does the applicant meet minimum immunizations for his or her age group as described in the information on G.S. 130-155.1?  Yes  No

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Date Address

The College at Southeastern  
Admissions Office  
P. O. Box 1889  
Wake Forest, NC 27588-1889  
(919) 761-2281



**Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation?** \_\_\_\_ No \_\_\_\_ Yes If your answer is yes, please explain:

**Do you have any reservation about recommending this person for admission?** \_\_\_\_ No \_\_\_\_ Yes If your answer is yes, please explain:

**If you were in a position to do so, would you employ this candidate in a ministry position?** \_\_\_\_ No \_\_\_\_ Yes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position or Title

Please mail directly to: The College at Southeastern  
Admissions Office  
P. O. Box 1889  
Wake Forest, NC 27588-1889

If necessary, list other persons that you believe we should contact before giving approval to this applicant.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

**NOTE:** This form is confidential. It will not become a part of the student's permanent file and will not be released to anyone other than those directly involved with the admissions process. Please add in the space below any further comments that you want us to consider in the admission process for this candidate. The Director of Admissions may be reached at (919) 761-2281.

**Additional Comments**



# THE COLLEGE AT SOUTHEASTERN

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## CONFIDENTIAL REFERENCE FOR ADMISSION

*The individual providing this reference must be a non-family member  
and must have known the applicant for at least 2 years.*

\_\_\_\_\_ has applied  
(Applicant's full name) \_\_\_\_\_ (Date of Birth)  
for admission to The College at Southeastern. Your prayerful and honest response to the following questions will assist the Admissions Committee in evaluating this person for undergraduate studies.

**If there is any matter that you think would hinder the applicant's ability to succeed in collegiate education in a Christian environment of which the committee should be aware, please do not hesitate to note this confidentially on the reverse side of this form.**

Please type or print with black or blue ink and answer all items (front and back) below. Return the form directly to the College. Do not return this form to the student. Thank you for your assistance.

Name of reference \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Relationship to applicant:**  Teacher  Friend  Employer  Other (If other, please clarify: \_\_\_\_\_)

**How long have you known this applicant?** \_\_\_\_\_ **Approximate dates of close association:** \_\_\_\_\_ to \_\_\_\_\_

	Excellent	Above Avg	Avg	Below Avg	Poor	No Info
Christian character	_____	_____	_____	_____	_____	_____
Christian commitment	_____	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____	_____
Moral judgment	_____	_____	_____	_____	_____	_____
Academic ability	_____	_____	_____	_____	_____	_____
Personal appearance/neatness	_____	_____	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____
Common sense	_____	_____	_____	_____	_____	_____
Financial responsibility	_____	_____	_____	_____	_____	_____
Sensitivity to others	_____	_____	_____	_____	_____	_____
Ability to relate to others	_____	_____	_____	_____	_____	_____
Sense of humor	_____	_____	_____	_____	_____	_____
Sense of maturity	_____	_____	_____	_____	_____	_____

**Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation?** \_\_\_ No \_\_\_ Yes If your answer is yes, please explain:

**Do you have any reservation about recommending this person for admission?** \_\_\_ No \_\_\_ Yes If your answer is yes, please explain:

**If you were in a position to do so, would you employ this candidate in a ministry position?** \_\_\_ No \_\_\_ Yes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position or Title

Please mail directly to: The College at Southeastern  
Admissions Office  
P. O. Box 1889  
Wake Forest, NC 27588-1889

If necessary, list other persons that you believe we should contact before giving approval to this applicant.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

**NOTE:** This form is confidential. It will not become a part of the student's permanent file and will not be released to anyone other than those directly involved with the admissions process. Please add in the space below any further comments that you want us to consider in the admission process for this candidate. The Director of Admissions may be reached at (919) 761-2281.

**Additional Comments**



**Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation?** \_\_\_\_ No \_\_\_\_ Yes If your answer is yes, please explain:

**Do you have any reservation about recommending this person for admission?** \_\_\_\_ No \_\_\_\_ Yes If your answer is yes, please explain:

**If you were in a position to do so, would you employ this candidate in a ministry position?** \_\_\_\_ No \_\_\_\_ Yes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position or Title

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If necessary, list other persons that you believe we should contact before giving approval to this applicant.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

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**Additional Comments**



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**CHURCH RECOMMENDATION**  
*(Must be filled out entirely to be considered complete)*

**A MESSAGE TO THE APPLICANT'S CHURCH**

Admission to the College requires a recommendation from the church of which the applicant is currently a member or from the applicant's home church. A candidate will not be admitted to Southeastern, nor can enrollment be maintained, without an annual church recommendation.

It is important that the entire statement of recommendation below be carefully considered by the congregation in session. If the church is for any reason unwilling or unable to approve the statement, please return this form to the College marked as such. **The pastor or the church clerk must sign this form and return it directly to the College as soon as formal church action is taken.** Please send in the original form. Faxed or photocopied recommendations cannot be accepted. Southeastern is grateful for the church's prayerful and responsible partnership in this process.

Having evidence that \_\_\_\_\_ is a person:  
of genuine Christian commitment and spiritual maturity;  
of moral integrity and emotional stability;  
of faithful attendance and participation in the local church:

**One of the following boxes MUST be checked:**

- We recommend him/her** for admission to The College at Southeastern and pledge our continuing interest and support through prayer.
- We are unwilling to recommend him/her** for admission. (Use the back of this form to explain.)

Name of church (please print) \_\_\_\_\_

Address of church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

This is the named applicant's  home church  church of current membership

Does this church cooperate with the Southern Baptist Convention in accordance with Article III\* (See below.) of the Southern Baptist Convention's Constitution? \_\_\_ Yes \_\_\_ No If no, with what denomination does the church identify? \_\_\_\_\_

Date of church's action \_\_\_\_\_ Date applicant joined this church \_\_\_\_\_

\_\_\_\_\_  
Signature of pastor/moderator (non-relative)

\_\_\_\_\_  
Signature of church clerk

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name

**Please mail directly to:**

The College at Southeastern  
Admissions Office  
P.O. Box 1889  
Wake Forest, NC 27588-1889  
The Admissions Office may be reached at (919) 761-2281

\*Article III. Membership: *The Convention shall consist of messengers who are members of missionary Baptist churches cooperating with the convention as follows: 1. One (1) messenger from each church which: (1) Is in friendly cooperation with the Convention and sympathetic with its purposes and work. Among churches not in cooperation with the Convention are churches which act to affirm, approve, or endorse homosexual behavior and (2) Has been a bona fide contributor to the Convention's work during the fiscal year preceding.*



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**SOUTHEASTERN**  
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## SPOUSE'S PERSONAL STATEMENT

Applicant Name \_\_\_\_\_ has applied for admission to The College at Southeastern.

This form may be mailed to:

The College at Southeastern  
Office of Admissions  
P.O. Box 1889  
Wake Forest, NC 27588-1889

The Admissions Office may be reached at (919) 761-2281.

Spouse Name \_\_\_\_\_ Date \_\_\_\_\_

Type a **250-500 word** testimony of your salvation experience. Please include a statement demonstrating your support for your spouse during this time of academic preparation. Attach additional sheets if necessary.