



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

CREDIT ONLY APPLICATION FOR ADMISSION

Southeastern Baptist Theological Seminary seeks to glorify the Lord Jesus Christ by equipping students to serve the church and fulfill the Great Commission (Matthew 28:19-20).

Southeastern Baptist Theological Seminary
Admissions Office
P.O. Box 1889
Wake Forest, NC 27588-1889
(919) 761-2280

Application Date: _____

Student ID #: _____

INSTRUCTIONS

Please note that the following items are required for completion of the application for a Non-Degree (Credit-Only) Student at Southeastern:

1. Complete all items on this **NON-DEGREE (CREDIT-ONLY) APPLICATION FOR ADMISSION**
2. Enclose a \$40.00 non-refundable **APPLICATION FEE**
3. Attach a recent passport sized **PHOTOGRAPH** of the applicant in the space provided.
4. 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 seminary. A church recommendation is a prerequisite for admission to Southeastern. *Type or print your name in the space provided on the form before distribution.*
5. Complete the **MEDICAL INFORMATION** form honestly and accurately.
6. Provide the **IMMUNIZATION HISTORY** form signed by a physician.
7. Sign and submit 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 one year from the date of approval. If completion of the application or attendance to seminary 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.

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III. 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? _____

Are you licensed? ___ Yes ___ No Are you ordained? ___ Yes ___ No

IV. 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
_____	_____	_____	_____ -- _____
_____	_____	_____	_____ -- _____

V. 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 **commitment and call** to Christian Ministry
- (3) Your **reasons for desiring an education from Southeastern Baptist Theological Seminary.**

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

VI. 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 Southeastern Baptist Theological Seminary 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 Seminary 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 Seminary 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

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SOUTHEASTERN BAPTIST THEOLOGICAL SEMINARY

The mission of Southeastern Baptist Theological Seminary is to glorify the Lord Jesus Christ by equipping students to serve the church and fulfill the Great Commission (Matthew 28:19-20).

DEFINITION OF CATEGORIES

Full legal name _____ Birth date: ____ / ____ / ____

CHECK ONE

Category	Definition
<input type="checkbox"/> 1. Extra	I have previously completed a seminary degree and I am pursuing additional credit work but not an additional degree.
<input type="checkbox"/> 2. Missions	I have a relationship with the Southern Baptist International Mission Board relative to missionary appointment, but I am not pursuing a degree program. (I am aware that a certificate is available if certain requirements are met.)
<input type="checkbox"/> 3. Visiting	I am a regular student in another institution, but I am seeking to take selected courses offered at Southeastern for possible transfer of credits to my degree program at the other school.
<input type="checkbox"/> 4. Pre-doctoral	I have completed a master's degree and am taking additional hours to prepare for language examinations, academic proficiencies, entrance examinations, and/or other studies prior to admission to doctoral study.
<input type="checkbox"/> 5. Enrichment	I am seeking to take courses for personal enrichment.
<input type="checkbox"/> 6. Additional credits	I may pursue a Master's degree at a later time but now I want to receive transcript credit for the classes to be taken.
<input type="checkbox"/> 7. Certificate	I plan to pursue the Certificate or Diploma.
<input type="checkbox"/> 8. Other	(None of the Above): _____ _____ _____



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MEDICAL INFORMATION

(to be completed by applicant)

We desire 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



**SOUTHEASTERN
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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 _____

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**SOUTHEASTERN
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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 Seminary 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 Seminary marked as such. **The pastor or the church clerk must sign this form and return it directly to the Seminary 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:

(Please list Applicants Full Legal Name)

- 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 Southeastern Baptist Theological Seminary 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:

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Admissions Office
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Wake Forest, NC 27588-1889
The Admissions Office may be reached at (919) 761-2280

*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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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

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