



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

**Master of Theology (Th.M)
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 INSTRUCTIONS

1. **APPLICATION:** Complete and submit all items on the Application for Admission.
2. **PHOTOGRAPH:** Attach a recent photograph of the applicant to the Application for Admission.
3. **FEE:** Submit the forty dollar non-refundable application fee.
4. **TRANSCRIPTS:** Provide official transcripts of all previous undergraduate, graduate, and post-graduate academic work. Original transcripts must be certified by the registrar of each school. They may be hand delivered or mailed directly to the Office of Admissions in an official, sealed envelope. Your transcripts must indicate your satisfactory fulfillment of all language requirements. If your program of study is still in progress, a preliminary transcript should be provided followed by a final transcript after graduation.
5. **GRADED RESEARCH PAPER:** Submit a graded, graduate-level research paper indicating proficiency in basic academic research and scholarly writing.
6. **CHURCH RECOMMENDATION:** Print or type your name on the Church Recommendation Form and submit the form to your current church of membership. Your church should complete the form and mail it directly to the seminary.
7. **CONFIDENTIAL REFERENCES:** Print or type your name on five Confidential Reference Forms. None of the confidential references can be family members and each must have known you for at least two years. Submit one form to your pastor. Submit one form to each of two individuals who can attest to your character for Christian studies and/or ministry. Submit the final two forms to two individuals who have taught you at the graduate level of study. One of these two individuals must be a specialist in your desired field of study. Ask all references to complete the form and mail it directly to the Office of Admissions.
8. **MAJOR PROFESSOR REQUEST:** Complete and submit the Major Professor Request Form indicating a desired Major Professor, a preferred concentration of study, and all previous academic work completed in preparation for study in said specialized field. Your application cannot be accepted unless there is a Major Professor available in your preferred concentration. *It is in your best interest to contact your desired Major Professor prior to submitting your application.*
9. **MAJOR PROFESSOR INTERVIEW:** Meet with your desired Major Professor. Providing him with the Major Professor Interview Form. The professor should complete and return the form to the Office of Admissions.
10. **MEDICAL INFORMATION:** Complete and submit the Medical Information Form honestly and accurately.
11. **IMMUNIZATION HISTORY:** Submit the Immunization History Form completed by a physician.
12. **PERSONAL STATEMENTS:** Prepare and submit a Personal Statement that briefly presents evidence of the following: your salvation, your divine call to Christian service, and your reasons for applying to Southeastern Seminary. If you are married, please have your spouse complete and submit the Spouse's Statement Form.
13. **SOUTHEASTERN COVENANT:** Read, Sign, and Submit a copy of the "Southeastern Covenant."

Call toll free or write:
Southeastern Baptist Theological Seminary
Admissions Office
P.O. Box 1889
Wake Forest, NC 27588-1889
1-919-761-2280

NOTE: Applications take approximately 30 days to process after all required items are received by the Admissions Office. The Faculty 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 matriculation is delayed beyond one year or if this application is not approved, a new updated application must be filed in order to reopen the admission process. Please contact the Admissions Office if you have any questions about your application or about the admission process.

IV. DEGREE INFORMATION

This application is for the program checked below:

- Master of Theology Master of Theology (with Thesis)

I desire to begin my program of studies in the (*check one*) ___ Fall ___ Spring ___ Summer (year) 20____

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 seminary?

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 seminary 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 attended must be received before this application can be considered for admission.

IX. PERSONAL INFORMATION

Southeastern Baptist Theological Seminary 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 seminary, 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.*

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

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 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



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

STATEMENT OF PURPOSE

Southeastern Baptist Theological Seminary prepares men and women by means of academic studies and practical preparation for leadership roles in Baptist churches and in other Christian ministries.

TH.M. MAJOR PROFESSOR REQUEST FORM

As a part of each Th.M application, a Major Request form must be filed. Please print or write clearly with black ink. Express ideas succinctly but completely.

Students' Full Name -----
Last First Middle

Application for entrance in the _____
Semester/Year

Every Th.M. student must have a major professor at every stage of the degree program. Below list your preferred choices and rationale for these choices. With competitive admission and limited availability of positions, it is in the student's best interest to list a second choice if possible.

Major Professor:
First Choice _____
Have you discussed this possibility with this professor? ■ yes ■ no
Rationale:

Second Choice _____
Have you discussed this possibility with this professor? ■ yes ■ no
Rationale:

Major Request

As a part of the Th.M. application process, students must submit a typed essay explaining their interest, and background in their desired major field. The essay should express both general and specific reasons for seeking the Th.M. in this major field.

Within this essay, students may provide information that they consider to be relevant to their application that is not covered on any other application instrument or form. Please submit your essay along with a signed copy of this form.

Print Name _____

Student Signature _____ Date _____



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

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 that would make it difficult for you to carry a full program of studies while at the seminary? _____

Signature

Date



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

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: _____



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

PROSPECTIVE TH.M. STUDENT INTERVIEW

MAJOR PROFESSOR EVALUATION

Name of Student: _____

Concentration: _____

Date of Meeting: _____

Name of Professor: _____

*As you meet with the applicant, please state your evaluation of the student's suitability for Th.M. studies.
Please return this form to the Admissions Office.*

Academic Background:

Personal Background:

Possible Dissertation Area:

Other Comments:



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

Application Date: _____

Student ID #: _____
(Office Use Only)

STATEMENT OF PURPOSE

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CONFIDENTIAL

ACADEMIC REFERENCE FOR TH.M. ADMISSION

The Master of Theology Degree at Southeastern Baptist Theological Seminary is an advanced research degree program focused on the various specializations of seminary studies. Please provide a confidential reference on the student named below in light of your evaluation of the student in terms of the expectations of such a program. Place this form (and any attached sheets as desired) in the pre-addressed envelope provided, sign your name across the seal, and return the reference by mail. Thank you for your spiritual sensitivity to our need for an honest evaluation of each applicant.

Applicant's Name: _____

Name of Person providing the Reference: _____

Title or Identification of Person providing Reference: _____

How long have you known this applicant? _____. Years of close association 20__ to 20__

My overall evaluation of this candidate 1 2 3 4 5 (Best)

Please write your evaluation below:

Signature:



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

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:

Southeastern Baptist Theological Seminary
Admissions Office
P.O. Box 1889
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.



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

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 Southeastern Baptist Theological Seminary. Your prayerful and honest response to the following questions will assist the Admissions Committee in evaluating this person for graduate studies.

If there is any matter that you think would hinder the applicant's ability to succeed in seminary 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 seminary. 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 applicant in a ministry position? ____ No ____ Yes

Signature

Date

Position or Title

Please mail directly to: Southeastern Baptist Theological Seminary
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 Admissions Office may be reached at (919) 761-2280.

Additional Comments



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

CONFIDENTIAL PASTOR'S REFERENCE FOR ADMISSION

The individual providing this reference must be a non-family member and must have known the applicant for at least 1 year.

_____ has applied
(Applicant's Full Legal Name) (Date of Birth)
for admission to Southeastern Baptist Theological Seminary. Your prayerful and honest response to the following questions will assist the Admissions Committee in evaluating this person for undergraduate studies.

Theological education at Southeastern is not remedial in nature. It is professional and intensive. If there is any moral, professional, or spiritual matter of which the Admissions Committee should be made 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 Seminary. 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: Current Pastor Former Pastor 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 applicant in a ministry position? No Yes

Signature

Date

Position or Title

Please mail directly to:

Southeastern Baptist Theological Seminary
Office of Admissions
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 Office of Admissions may be reached at (919) 761-2280.

Additional Comments



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

DIVORCE/SEPARATION INFORMATION FORM

First Timothy 3:1-7 and related passages establish a high ideal for those who seek to serve as kingdom leaders. When divorce or separation from one's spouse has occurred, the Southeastern seeks to offer wise counsel in a supportive context. Moreover we want to help each person find the appropriate expression for the ministry that God gives. The Southeastern family is dedicated to providing the academic curriculum, practical training, and spiritual resources needed by all of God's servants who join us in this pilgrimage of faith.

Applicant's Full Legal Name _____

Date _____ Social Security Number _____

- Check One: Divorced
 Reconciled and Remarried
 Voluntary Separation
 Divorced and Remarried
 Legal Separation

Yes, I understand that I may be asked to meet with the Admissions Committee on campus.

Date of Separation/Divorce _____ Place _____

Date of Remarriage _____ If remarried, is this your spouse's first marriage? _____

Official Cause (as stated in Court Documents):

What do you believe were the real causes of your separation/divorce?

Would your former spouse agree with what you have written above? (If no, please explain.)

How long were you married? _____

Was this a first marriage for you? (If no, please explain.)

Do you have legal obligations to your former spouse and/or any dependent? _____ If "yes", to whom, what are these obligations, and are you honoring them?

How might this separation/divorce experience or these obligations affect your studies?

Are you aware that there likely will be a time at which divorce per se or your divorce in particular may be a major impediment to ministry employment?

As you may be aware, divorce and similar problems pose unique, but not insurmountable difficulties for ministry candidates. The current policy of the International and North American Mission Boards is not to appoint divorced candidates to career missions assignments. Though sympathetic, understanding, and forgiving on the personal level, many churches do not place divorced individuals in key leadership positions. This is not necessarily due to any lack of ability on the part of the candidate, nor is it due to skepticism regarding one's dedication or commitment to the ministry tasks of God's kingdom. The policy is due to the desire of the church, in keeping with biblical principles, to establish ministers as role models in keeping with the highest Christian standards.

We want you to know that we do our best to assist graduates in finding a place of service, but autonomous local churches are understandably independent in such matters. Because many, perhaps most, Southern Baptist churches will not call a pastor who has had the misfortune of a divorce, the efforts of our placement division will be to find some ministry opportunity for you other than as a pastor or as a missionary. We believe that it is imperative that you never hide the fact of your divorce from any church or denomination entity that considers you for any position. If a church approaches Southeastern about your ministry as a pastor, Southeastern will certainly share every possible positive result of your Southeastern experience. If the church calls you to a position with that knowledge, then we will rejoice with you and pray for blessings upon your work.

Your responses on this form and/or in the interview with the Admissions Committee of the Faculty will be treated confidentially. Our desire is to help you as you seek to prepare for the ministry to which God is calling you.

It is not necessary to do so, but you may wish to provide further information or make additional comments in writing by enclosing a separate sheet with this form. Be sure to include your full name, date, and social security number on all additional pages.

Please mail directly to:

Southeastern Baptist Theological Seminary
Admissions Office
P.O. Box 1889
Wake Forest, NC 27588-1889

****PLEASE ATTACH A COPY OF THE COMPLAINT AND JUDGMENT FILED IN THE DIVORCE ACTION.**

Signature: _____

Date: _____



**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

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



**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

SPOUSE'S PERSONAL STATEMENT

_____ has applied for admission to
(Applicant Name)
Southeastern Baptist Theological Seminary.

Please mail directly to:

Southeastern Baptist Theological Seminary
Office of Admissions
P.O. Box 1889
Wake Forest, NC 27588-1889

The Admissions Office may be reached at (919) 761-2280.

Spouse Name _____ Date _____

Type a **250-500 word** testimony of your conversion experience and sincere commitment to Jesus Christ. Please include a statement demonstrating your support for your spouse during this time of academic preparation.