



Application Date: _____

Student ID #: _____

**SOUTHEASTERN
BAPTIST THEOLOGICAL SEMINARY**

SIGNATURE PAGE

(To be filled out by applicants who completed the online application)

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 Southeastern 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.

Required:

Attach a recent
passport size color
photo of applicant
here

My signature indicates my understanding of and agreement with the conditions under which this application is made.

Signature

Date

Please print name

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