



Southeastern
Baptist Theological Seminary

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 #: _____

(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
wallet 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 SEBTS is 5620.

If you are married, is your spouse fully supportive of your application to the seminary? _____ 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 _____ Relationship to student: _____

Address _____

City _____ State _____ Zip _____

Phone number (____)____ - _____

IV. DEGREE INFORMATION

This application is for the program checked below:

Master of Divinity

- Advanced Biblical Studies
- Biblical Counseling
- Christian Apologetics
- Christian Ethics
- Christian Ministry
- Collegiate Ministry
- Evangelism
- Expository Preaching
- International Church Planting
- Ministry Leadership
- Missiology
- North American Church Planting
- Pastoral Ministry
- Student Ministry
- Women's Studies
- Worship Leadership

Master of Arts

- Bible Translation**
- Biblical Counseling
- Biblical Languages
- Christian Ethics**
- Christian Education
- Christian Education w/ Biblical Counseling
- Christian School Administration
- Christian Studies
- Intercultural Studies
- Master of Church Music**
- Ministry Leadership
- Old Testament**
- Philosophy of Religion**
- Women's Studies

**Prerequisite required for admission to these programs. Consult Admissions Office for requirements.

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

I will be attending ___ campus (Wake Forest) ___ Extension Center in _____ ___ Distance Learning (on-line)

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?

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

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

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**

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

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 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**

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

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.

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 college or university academic work reflecting credit hours attempted. Original transcripts must be certified by and mailed directly from the registrar of each school directly to Southeastern's Admissions Office in an official, sealed envelope. Unofficial transcripts released to the student or copies of transcripts are **NOT** acceptable. 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 transcript indicating the "Degree Received/Conferred" must be submitted after graduation.
5. 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.*
6. 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.)
7. 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.)
8. Complete the **MEDICAL INFORMATION** form honestly and accurately.
9. Provide the **IMMUNIZATION HISTORY** form signed by a physician.
10. Prepare the **PERSONAL STATEMENT**. This is a significant part of the application. Include an explanation of each of the following: (1) your salvation, (2) your commitment and call to ministry and (3) your reasons for applying to Southeastern.
11. If you are married, have your spouse complete the **SPOUSE'S PERSONAL STATEMENT**.
12. 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.

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