PRELIMINARY APPLICATION FOR ADMISSION

NAME: _____

Last First Middle

PERMANENT ADDRESS: _____

(Number, Street, Route, Box)

_____

City State Zip Code

TELEPHONE: (_____)_____ (_____)_____

Home Cell

(_____)_____

Work

MAILING ADDRESS: _____

(Number, Street, Route, Box)

_____

City State Zip Code

E-MAIL: _____

DATE OF BIRTH: _____/_____/_____ CITIZENSHIP: _____

DEGREE PROGRAM (CHECK ONE): ☐ M. Div. ☐ M.A. in Theology

HOME CONGREGATION: _____

COLLEGE OR UNIVERSITY IN WHICH YOU WILL OR HAVE RECEIVED A DEGREE:

_____

Instructions:

1) Please use an editor to fully complete the information requested above. (A valid email is required.)
2) Save your completed form as a new Word (.doc) or Acrobat (.pdf) document.
3) Submit your application by email to info@watherseminary.org or fax it to (217) 877-2450.