

COVENANT THEOLOGICAL SEMINARY

(This Form May Be Filled Out Online at CovenantTheological.com)

NAME OF FACILITATOR (NOT the Ministry)

APPLICATION FOR ADMISSION

I hereby request application to Covenant Theological Seminary (CTS); whereby, I may “study to show myself approved to God, a workman that need not be ashamed.” I submit myself to the Lordship of Jesus Christ, my Lord, and my Savior. I submit this application to Covenant Theological Seminary in the witness of God and in obedience to His call upon my life. I hereby declare I will fulfill His “calling” upon my life, complete all studies as directed by the Lord and representatives of CTS and enter the harvest fields as a laborer for the GOSPEL MINISTRY of Jesus Christ.

PLEASE PRINT LEGIBLY

Date of Application: _____ Last 4 Digits of Social Security #: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Male: ___ Female: ___

Name of Applicant (Last, First, MI): _____ Circle One: Dr. Rev. Mr. Mrs. Ms.

(Maiden Name) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

PLEASE SELECT TYPE OF DEGREE AND AREA OF STUDY DESIRED

ASSOCIATE DEGREES AVAILABLE

Associate of Biblical Studies

Associate of Ministry

BACHELOR DEGREES AVAILABLE

Bachelor of Biblical Studies

Bachelor of Ministry

Bachelor of Divinity

Bachelor of Theology

Bachelor of Ministry in Christian Education

Bachelor of Ministry in Christian Counseling

MASTER'S DEGREE : (30 Hours past Bachelor's Degree)

All Degrees require a Thesis unless otherwise stated.

Master of Ministry (No Thesis Required)

Master of Theology

Master of Divinity

Master of Ministry in Christian Education
(No Thesis Required)

Master of Ministry in Christian Counseling
(No Thesis Required)

DOCTORATE: (30 Hours past Master's Degree)

All Degrees require a Dissertation unless otherwise stated.

Theology

Divinity

Ministry (No Dissertation Required)

Christian Counseling

Christian Education

Ministry in Christian Education (No Dissertation
Required)

Ministry in Christian Counseling (No Dissertation Required)

AUDIT STUDENT ONLY

Audit Student Only

VOCATION and WORK HISTORY

Please list your vocational and working history beginning with your most recent first, then back in years.

EMPLOYER: _____

Employer's Address: _____

City/State/Zip: _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: _____

EMPLOYER: _____

Employer's Address: _____

City/State/Zip: _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: _____

EMPLOYER: _____

Employer's Address: _____

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Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: _____

EMPLOYER: _____

Employer's Address: _____

City/State/Zip: _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: _____

EDUCATION HISTORY:

Please list your educational history, starting with the high school attended, then any vocational, college/university, Bible college/seminary studies completed. If you have not completed a degree, please list the number of hours that you have earned.

Name of School City and State	Years Attended	Degree/Diploma Diploma, AA, BA, MA, DD, PhD, ThD, etc.)	Credits Earned	Area of Study

MILITARY HISTORY:

Branch of Service: _____

Years of Service: From _____ to _____ Total Years Served: _____

Commission upon Discharge: _____

Status of Discharge: _____

Position and Duties: _____

CHURCH HISTORY:

Please complete the following information listed below regarding your relationship with Jesus Christ, the local church you attend, any positions or responsibilities you may be involved with to support your church (Pastor, Praise and Worship, Teacher, Nursery, Helps, etc.), and any other ministries you may support or be involved with (i.e. missions, evangelism, food banks, etc.). Please continue on additional paper if necessary.

Date you received Jesus Christ as your Lord and Savior: _____

Have you been water baptized? ___ Yes ___ No If yes, when: _____

Name of church you presently attend: _____

Address: _____

Pastor's Name: _____ Telephone: _____

Years in Attendance: _____ Position or Responsibilities: _____

Name of church or ministry
you have assisted as a laborer: _____

Address: _____

Pastor's Name: _____ Telephone: _____

Years of labor: _____ Position or Responsibilities: _____

Name of church or ministry
you have assisted as a laborer: _____

Address: _____

Pastor's Name: _____ Telephone: _____

Years of labor: _____ Position or Responsibilities: _____

Name of church or ministry
you have assisted as a laborer: _____

Address: _____

Pastor's Name: _____ Telephone: _____

Years of labor: _____ Position or Responsibilities: _____

I hereby state that all of the information listed on this application is true and accurate as unto the Lord as my witness. I hereby grant permission to Covenant Theological Seminary to verify all of the information listed above. I further agree to and understand that any and all "Earned" Life Credit Hours, Educational Credit Hours, and Ministry Credit Hours based upon this application are granted at the discretion of Covenant Theological Seminary. I hereby agree and understand that I will complete all course requirements as unto the Lord Jesus Christ, and I will comply with all Seminary Policies and Financial Commitments in pursuit of academic excellence in the Word of God. Amen.

I hereby further understand that all of the courses and degrees of Covenant Theological Seminary are of an ecclesiastical nature and, whether granted or conferred, are in the restricted area of religion with the special purpose of preparing persons to work in the area of religion - whether Educational, Ministerial, or Counseling - and are NOT designed to be used in general academic circles.

APPLICANT'S SIGNATURE: _____

Date: _____

Return Completed Application to:

COVENANT THEOLOGICAL SEMINARY
REGISTRAR'S OFFICE
PO Box 1177
Greenville, NC 27835