



*Preparing people for
Christian ministry and educating
those called as witnesses to the
Gospel of Jesus Christ in the cities
and communities of the world.*

Application for International Students

Please type or print

Degree program to which you are applying:

- Master of Divinity Program
 Master of Arts Program

Anticipated Start Date:

- Academic Year: 2012-2013 2013-2014
 2014-2015

Semester you wish to start:

- Semester One (August) Semester Two (January)

Name _____ female
last first middle male

Mailing Address _____
Street & number

City State Zip Country

Current E-mail Address _____

Current Telephone Number (_____) _____

Date of Birth _____ Citizenship _____ Nation of Birth _____

Name of Spouse (if married) _____

Children: _____
(Give name, sex, and birth date of each)

Church Affiliation/Denomination (this information helps us determine financial aid programs and other student services for which you are eligible)

Congregation _____

District, Synod, Conference, or Presbytery _____

Ministerial Status: Licensed Ordained Date: _____



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EMPLOYMENT EXPERIENCE

Employment Experience in Past Five Years (or attach a current resume):

Position Employer

Address Dates

Position Employer

Address Dates

Position Employer

Address Dates

If there are significant gaps in this history, please explain on a separate sheet of paper.



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EDUCATIONAL PREPARATION

List colleges, universities, and seminaries attended or other ministry training programs in which you have participated. If you attended more than three institutions, please attach a separate sheet.

| | |
|-------------|---------|
| Institution | Address |
|-------------|---------|

| | | |
|----------------|--------|------------------------------|
| Dates Attended | Degree | Date Transcript Request Sent |
|----------------|--------|------------------------------|

| | |
|-------------|---------|
| Institution | Address |
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| Dates Attended | Degree | Date Transcript Request Sent |
|----------------|--------|------------------------------|

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| Institution | Address |
|-------------|---------|

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| Dates Attended | Degree | Date Transcript Request Sent |
|----------------|--------|------------------------------|

Transcripts: Please have EACH college/university/seminary attended send an official transcript directly to the Admissions Office at Bethany. If you have not yet graduated, a final transcript must also be sent following graduation.

PERSONAL INFORMATION

If you answer yes to any of these questions, please explain on a separate paper and attach. Please include dates.

Have you ever been convicted of a criminal offense? Yes No

Have you ever been disciplined by a judicatory body responsible for ministerial ethics? Yes No



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REFERENCES

Provide the names and addresses of the persons you will use as references. Please ask one person (**not a relative**) from each of the categories listed below to submit one of the enclosed recommendation forms on your behalf.

1. **An Academic Reference:** academic advisor, major professor, a professional contact who knows your academic ability.

Name _____ Street Address _____

Email address _____ Day Phone _____

2. **A Church Reference:** pastor, district executive/judicatory official, mission or ministry colleague.

Name _____ Street Address _____

Email address _____ Day Phone _____

3. **A Personal Reference:** pastor, co-worker, friend, someone who knows you personally.

Name _____ Street Address _____

Email address _____ Day Phone _____

SIGNATURE

I hereby affirm that all the information contained in this application is factually correct and honestly presented. I understand that any omission or falsification of information on this application may be grounds for denial of admissions or immediate dismissal. I also understand that all documents submitted for application become the property of Bethany Theological Seminary and are not returnable to the applicant or transferable to any third party.

Signature of Applicant _____ Date _____

Mail the completed application to the Admissions Office at the address below: