WESTERN
THEOLOGICAL SEMINARY

Office of Admissions
101 E.13th Street
Holland, MI 49423
800.392.8554 ~ www.westernsem.edu ~ 616.392.7717 FAX ~ admissions@westernsem.edu

APPLICATION FOR NON-DEGREE ADMISSION

Complete this application to apply for In-Resident, Graduate Certificate in Urban Pastoral Ministry, Distance Learning, MFCA, or Young Life courses as a non-degree seeking student.

Personal Information

Anticipated Date of Entrance: _____ Applying For: ☐ In-Residence ☐ Certificate in Urban Pastoral Ministry

☐ Audit ☐ For Credit ☐ Young Life ☐ Distance Learning * See below

Have you previously applied for admission to WTS? ☐ No ☐ Yes If yes, when? _____

Legal Name Last First Middle ☐ Mr. ☐ Mrs. ☐ Other_____

Preferred First Name:

Other names used (maiden, nickname, alias):

Social Security Number:

Canadian SIN#:

Driver's License Number:

State of Issuance

Address to which correspondence should be sent:

Valid dates: From _____ to _____

Permanent Address (If different from mailing address)

E-Mail Address:

Home Telephone:

Cell Phone: Text?

Office Telephone:

FAX:

Place of Birth

Birth Date ___/___/_____

Gender ☐ Male ☐ Female

Marital Status ☐ Married ☐ Single

If married, spouse name: _____

How did you hear about Western Theological Seminary?

☐ Admissions Counselor ☐ Friend/Family Member ☐ Pastor

☐ Website Search ☐ Magazine Ad/Article ☐ Conference or College Fair

☐ Advertisement ☐ Other _____

Ethnic Survey (Optional)

☐ Am Indian/Alaskan Native ☐ Hispanic ☐ White

☐ Asian/Pacific Islander ☐ Black or African American

☐ Two Races ☐ Non-Resident Alien

Country of Citizenship: ☐ U.S.A. ☐ Canada ☐ Other _____

If not U.S.A., Passport Number

Academic Record List all colleges/universities attended in chronological order. The applicant is responsible for securing official academic transcripts from all colleges, universities and graduate schools.

College/University/Other	Years Attended	Major Field(s)	Degree Earned	Year Received
Undergraduate Awards/Honors:				

Do you believe your academic transcripts reflect your academic ability? If no, please explain in an attached statement.

□ Yes

□ No

Ecclesiastical Information

Baptism Church Location Date	Confession of Faith/Confirmation Church Location Date
Present Church Membership: Name of Church Denomination	From: Date To: Date
Church Address	Present Minister (If you are the minister, leave blank)
Minister's Address	Home Phone ( ) Office ( )

My Health □ Excellent □ Fair □ Poor

List major illnesses and/or surgery (and dates):

Previous residences (City, State, Dates)

****Please attach a one-page double-spaced description of how you hope theological education will enhance and/or empower your ministry.**

SIGNATURE (Application cannot be processed without signature)

I certify that information submitted on this application is accurate to the best of my knowledge. By signing this form, I recognize the Christian commitment and mission of Western Theological Seminary and agree to follow the policies defined in the seminary handbook and the conditions stated on this form.

Signature _____ Date _____

The vision of Western Theological Seminary is to prepare Christians called by God to lead the church in mission. If you have questions about this application, the admissions procedure or our degree program, please contact us.

Mark G. Poppen, Director of Admissions
C.J. Kingdom-Grier, Associate Director of Admissions
Jill English, Admissions Assistant
admissions@westernsem.edu
800.392.8554

SEND TO:
Office of Admissions
Western Theological Seminary
101 East 13th Street
Holland MI 49423

Please include:
□ Application
□ One page written description (see above)**
□ Application Fee

Please request and send:
Official transcripts from all colleges and graduate institutions

03/2013