

COLUMBIA THEOLOGICAL SEMINARY
Application for Visiting Scholars

Please **TYPE OR PRINT (IN BLACK INK)** the following information:

FAMILY NAME* _____

First Name* _____ Middle Name* _____

Current Mailing Address _____

Email address: _____ Telephone Number: Day _____ Evening _____

Dates you wish to be at Columbia Seminary Start _____ End _____
month/day/year month/day/year

Will your spouse accompany you? Yes ___ No ___ Other family members? Yes _____ How Many? ___ No ___

Home institution or governing church body _____

Position (professor, pastor, etc.) _____ Employer _____

A citizen of what country? _____ A legal permanent resident of what country? _____

Emergency Contact Information:

Person to notify in case of an emergency in the United States:

Name _____ Relationship to you _____

E-mail Address: _____ Telephone: _____

Mailing Address: _____

Person to notify in case of an emergency in your home country:

Name _____ Relationship to you _____

E-mail Address: _____ Telephone: _____

Mailing Address: _____

*** Please write your name EXACTLY as it appears in your passport.**

Return completed application, a current resume or *curriculum vita*, AND a current photograph of yourself to:

**IPO/29F
CTS
P.O. Box 29F
Decatur, GA 30031 USA**

June, 2008