THEOLOGICAL SEMINARY Application for Admission Occasional Student

701 S. Columbia Drive, Decatur, GA 30030 / P. O. Box 520 Decatur, GA 30031 Phone: 404-378-8821 E-mail: admissions@CTSnet.edu

Please type or print all information requested.

Full Name						
	First	Middle		Last		
What is the name by w	hich you are call	ed?				
E-mail address	Fax					
Present mailing address	S					
City			State	Zip		
Telephone: Home		Work	Cell			
Date of Birth	Social	Security #	Citizenship _			
		·				
Year	Classification at that time					
Recount briefly your re	asons for seekin	g occasional student admi	ssion to Columbia The	eological Seminary.		
Of what denomination	and local congr	egation are you now a mer	mber?			
Are you licensed or ord	lained?					

Academic Training

Name	Location	Dates of Attendance	*Degree or Diploma	Year Received	
College or University	Location	Titteridanice	Біріоша	Received	
Theological Seminary					
Theological Schillary					
*If you have not completed degree requi	frements, please indicate the de	egree you expect	to receive.		
Please indicate subjects you are intereste	d in studying.				
Date of proposed entry to Columbia					
Have you had formal training in Biblical	Hebrew? Number of hours: s	emester	quarter		
Have you had formal training in Biblical Greek? Number of hours: semester quarter					
Have an official transcript from every			_		
the Office of Admissions, unless you					
will be necessary when you graduate.)					
A \$50 application fee must accompan	ny this form.				
Signature	D ate				
NOTICE: Columbia Theological Semin	ary admits students of any rac	e. sex. color. nati	onal and ethnic	origin to all	
the rights, privileges, programs, and acti does not discriminate on the basis of rac educational policies, admission policies,	vities generally accorded or m e, sex, color, disability, or nati	ade available to sonal and ethnic o	students at the s origin in admini	school. It stration of its	
Date application received					
Fee paid? Yes 🗖 No 🗖					
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