



APPLICATION FOR ADMISSION
EDEN THEOLOGICAL SEMINARY
475 EAST LOCKWOOD AVENUE
SAINT LOUIS, MISSOURI 63119-3192
1-877-627-5652

I. APPLICATION AND PLANS

Full Name (Last) (First) (Middle) Home Phone ( )

Email Cell Phone ( )

Address (Street)

(City and State) (Zip Code)

Date of Birth Place of Birth

Social Security Number

Denominational Affiliation

Person to Notify in case of emergency Phone

I hereby make application for admission in the
Fall Semester,
January Session,
Spring Semester,
Summer Semester,

I plan to enroll in an on-line class

II. PREVIOUS EDUCATION

\*Please note a bachelor degree is required to enroll as a Credit Non-Degree Student

Table with 6 columns: Name of Institution, Date of Attendance, Degree Received, Year, Degree Expected, Year. Includes rows for College or University and Theological Seminary.

III. EMPLOYMENT HISTORY

Please list previous full-time employment positions beginning with the most recent position:

- 1) (Place of Employment) (Position/Title) (Dates)
2) (Place of Employment) (Position/Title) (Dates)
3) (Place of Employment) (Position/Title) (Dates)

#### IV. RELIGIOUS AFFILIATION

1. Your home Church \_\_\_\_\_
  2. Name of Pastor \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_
  3. Describe your involvement in church activities, please indicate if you are ordained or have other ecclesiastical standing.
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#### V. CREDENTIALS, APPLICATION FEE, AND REFERENCES

1. The following credentials are required:
  - a) A transcript of your undergraduate record.
  - b) A transcript of seminary and/or university graduate work (if applicable).
  - c) A statement of your reason for applying for CND work.
2. \$40.00 application fee
3. Please send enclosed reference form packet to your current pastor or a faculty person who has had you in class. Provide his/her name below.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Position \_\_\_\_\_

Under the provisions of the Family Rights and Privacy Act of 1974 (As amended), Sec. 438, and the Department of Education Regulations, Sec. 99.7(C), 99.12(a)(3), I voluntarily waive my right of access to the above (VI.,4), and any other letters of reference provided on my behalf, understanding that upon admission all letters of reference will be removed from my personal file and destroyed.

The seminary will complete a background check with the National Sex Offender Public Registry on each prospective student prior to admission.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Applications cannot be acted upon until all requested items have been received by Admissions Office. All documents become the property of Eden Theological Seminary and are not returnable to applicant or to a third party.

**Please send application and all requested items to:**

Director of Admissions  
Eden Theological Seminary  
475 East Lockwood Avenue  
Saint Louis, Missouri 63119  
314-918-2501 or 1-877-627-5652