

Graduate School of Theology Application

IDENTIFICATION					
FULL NAME: Last	First	Middle	Social Security Number		
Current Address:	Number, Street, Apartment	City	State	Zip	Phone
Cell Phone	Email Address				
Ethnic Background <small>You are advised that this "Ethnic Information is voluntary: the information is collected for state/federal reporting requirements; and the information will not be used in a discriminatory manner.</small>		Black, Non-Hispanic American-Indian or Alaskan Native Pacific Islander	Asian Hispanic White, Non-Hispanic		
PERSONAL					
Marital Status:	Married	Single	Full Name of Spouse		
Gender:	Male	Female	Date of Birth:		
Criminal Convictions? If yes, describe briefly, give dates					
EDUCATION					
Colleges Attended or Last Attended (official transcripts of all colleges attended will be needed)					
Date of Graduation:	Month	Year	Degree		
RELIGIOUS					
Have you trusted Christ As your personal Savior?		At what age?			
Yes	No				
Where is your church membership?	Name?	How long	Previous Church Membership		
Are you in agreement with the doctrinal position of ABU?		Yes	No	If no, please explain.	
ENROLLMENT					
Date of desired Enrollment: 20_____	Fall Spring Summer	I will be seeking one of the following degrees: MA Biblical & Theological Studies or Masters of Divinity (choose one of the following) Chaplaincy – Theology – Pastoral Ministry – Biblical Counseling – Biblical Missions Apologetics – Biblical Languages – Educational Ministries			
FINANCIAL					
Will you be applying For financial aid?		Yes	No	Veteran's Benefits?	Yes No
REFERENCES					
To complete the application process you will need to supply a pastoral reference form and two personal reference forms (non-family). If you are a senior pastor you will need to have either a senior staff member or a member of the church leadership to complete the form.					

In signing this application:

- 1.) I agree to abide by the social, educational and spiritual standards of Arlington Baptist University. ([See Student Handbook](#))
- 2.) I agree to be actively involved in attending and serving in a local church.
- 3.) I promise to fulfill any and all financial obligations I make to the University. ([See Financial Services](#))
- 4.) I agree to the doctrinal position of the University. ([See Statement of Faith](#))
- 5.) I certify that the information contained in this application is true to the best of my knowledge. I understand that failure to complete requirements for admission to the Graduate School of Theology of Arlington Baptist University, including transcripts from other schools and references as indicated above, could result in the rejection of my application or the cancellation of any enrollment.

Date: _____ Signature of Application: _____

MAILING ADDRESS:
 ARLINGTON BAPTIST UNIVERSITY
 Attn: Dr. Brady Blevins
 3001 West Division Street
 Arlington, Texas 76012

Mail/Phone/Enclose: Application Fee – \$50

Arlington Baptist University does not discriminate against individuals qualified for its programs, services or employments because of race, color, sex, age, national origin, or handicap.