

Cummins Memorial Theological Seminary
External Studies Department
Post Office Box 6191
Sevierville, Tennessee 37864

APPLICATION FOR ADMISSION

To be completed by all applicants.
A \$50.00 non-refundable application fee must, accompany this completed form. Make check payable to Cummins External Studies Department.

Name _____
Last First Middle

Present Mailing Address _____
Street City State Zip

Permanent Home Address _____
Street City State Zip

Residence Telephone (____) _____ Business Telephone (____)

Email Address _____ Social Security Number _____

Date of Birth _____ Sex _____

Marital Status: Single _____ Married _____ Widowed _____ Separated/Divorced _____

Spouse's Name _____ No. of Children _____

Father's Name _____

Mother's Maiden Name _____

Address of Parent or Nearest Relative:

_____ Street City State Zip

Church First Joined _____ Date _____

Present Church Affiliation _____

Pastor's Name _____ Phone _____

Pastor's Address _____
Street City State Zip

Are you an official candidate for the ministry? _____ Denomination _____

Are you a licensed preacher? _____ Denomination

Are you ordained? _____ Date _____ Denomination

If you pastor a church, give its name and address:

Church Name _____

Church Address _____
Street City State Zip

Academic Record -- List all high schools and colleges attended: (Use reverse if extra room is needed)

School	City/State	Dates Attended	Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GED Record: Date Taken: _____ Passed? _____ Yes _____ No

Do you have a physical handicap, chronic health problem or nervous disorder?

No _____ Yes _____ If yes, explain _____

Present Occupation _____ Are you a veteran?

What is your view of the Bible? _____

How did you hear about Cummins External Studies Program?

List two personal references (other than your pastor):

Name _____ Phone _____

Address _____
Street City State Zip

Name _____ Phone _____

Address _____
Street City State Zip

Signature of Applicant _____

Date _____

..... DO NOT WRITE BELOW THIS LINE

Registrar's Notations:

H.S. Diploma or GED _____ College Diploma _____

Admitted

Conditions

Office Notations: Application fee received _____ Date _____