

**Cummins Memorial Theological Seminary  
External Studies Department**

**1016 S. Elm Avenue  
Webster Groves, MO 63119**

**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 Initial) \_\_\_\_\_

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 \_\_\_\_\_

In which office (check one) Priest \_\_\_\_\_ Pastor \_\_\_\_\_ Deacon \_\_\_\_\_ Other \_\_\_\_\_

If you pastor or priest of 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

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

\_\_\_\_\_  
\_\_\_\_\_

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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):

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

***By signing below, applicant verifies that all information is correct to the best of his/her knowledge:***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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Registrar's Notations:

H.S. Diploma or GED \_\_\_\_\_ College Diploma \_\_\_\_\_

Admitted \_\_\_\_\_ Date \_\_\_\_\_

Special Conditions: \_\_\_\_\_  
\_\_\_\_\_

Office Notations: Application fee received \_\_\_\_\_ Date \_\_\_\_\_