## Andrewes Hall Theological College and 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 Andrewes Hall.

Name: (Last, First, Midd	le 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		S	Sex			
Marital Status: Single	Married	_ Widowed	Separated/Div	vorced		
Spouse's Name			No. of Chile	dren		
Father's Name	Mother's Maiden Name					
Address of Parent or Near	est Relative:					
Street	City		State	Zip		
Church First Joined		Date				
Present Church Affiliation	l					
Dagtar's Nama			Dhono			

nistry? De	ity Stat DenominationDenomination	ation	
De	enomination		
	Denomination	on	
_ Pastor			
	Deacon	Other	
its name and			
City	St	ate	Zip
- - -			
	•	s and colleges attended: (Use r	s and colleges attended: (Use reverse if ex

resent Occupation		Are you a ve	Are you a veteran?	
What is your view of the Bible?				
How did you hear about Cummins External S	Studies Program	?		
List two personal references (other than your	pastor):			
1) Name		Phone		
Address				
2) Name	City	<i>State</i> Phone		
Address				
Street	City	State	Zip	
By signing below, applicant verifies that all inform	ation is correct to	the best of his/her k	nowledge:	
Signature of Applicant		Date		
DO NOT WRIT	E BELOW THI	S LINE		
Registrar's Notations:	••••••••••••	•••••	•••••	
H.S. Diploma or GED	Colle	ge Diploma		
H.S. Diploma or GED  Admitted Date	Colle	ge Diploma		
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PDF to Word