



SPECIAL STUDENT APPLICATION and REGISTRATION

Please Print or Type This Form.

IDENTIFICATION (This section to be completed by all Special Student applicants each term).

Mr. Ms. Mrs. Miss Dr. Rev.

Full Name _____ Male Female

Preferred Name _____ Social Security # _____

Address _____ City/State/ZIP _____

Phone: Work (_____) _____ Home (_____) _____

Cell (_____) _____ e-mail _____

I have previously enrolled as a Special Student: Yes No If yes, indicate term and year ____/____.
If you have taken courses within the previous year, **AND** if the information below has not change, continue on the reverse.

Marital Status: Single Married: Spouse's Name _____

CHURCH RELATIONSHIP I am a member of a church. I am not a member of a church.

Church name and address _____

Denomination (official name) _____

EMPLOYMENT (We will not contact employer for reference.) I am currently employed: Yes No

Employer _____ Position _____

Address _____ Supervisor _____

OTHER IDENTIFICATION Date of Birth _____ Place of Birth _____

Citizenship U.S. Other (please indicate) _____

ACADEMIC BACKGROUND (Transcripts may be requested by the Admissions Office.)

| INSTITUTION | LOCATION | ATTENDANCE | | DEGREE EARNED | YEAR REC'D |
|--|----------|------------|----|---------------|------------|
| | | FROM | TO | | |
| HIGH SCHOOL | | | | | |
| | | | | | |
| COLLEGE/UNIVERSITY | | | | | |
| | | | | | |
| | | | | | |
| GRADUATE/PROFESSIONAL SCHOOL, SEMINARY | | | | | |
| | | | | | |

REGISTRATION INFORMATION

DESIRED COURSE OF STUDY

I seek admission as a Special Student during the:

Fall; January; Spring; Summer; term of the 20____ - 20____ academic year.

I would like to register for the following course(s):

| Course Number / Title and Professor | Credits |
|-------------------------------------|---------|
| 1. _____ / _____ | _____ |
| 2. _____ / _____ | _____ |
| 3. _____ / _____ | _____ |

OTHER INFORMATION

I anticipate reapplying as a Special Student during the:

Fall; January; Spring; Summer; term of the 20____ - 20____ academic year.

In the future, I may apply to the: Master of Arts (Theological Studies) degree program at Austin Seminary
 Master of Divinity degree program at Austin Seminary

SIGNATURE _____ **DATE** _____

ITEMS NEEDED TO COMPLETE APPLICATION:

- A one-time application fee of \$25.00 (check or money order), must accompany initial application. This application fee is non-refundable.
- An annual registration fee of \$60.00, a student activity fee of 30.00 per semester, and all tuition charges must be paid in full at the time of registration and prior to the beginning of the term.
- Each term, all Special Student applicants attach a brief (one or two paragraphs) explanation of why they wish to enroll in the course(s) indicated.
- First-time Special Student applicants must complete a brief (20 minute) admissions conference with the Vice President for Admissions.
- All applicants, including Special Students, are required to complete a criminal history check, including driving records, through Certifiedbackground.com. To grant Austin Seminary access to your background check, enter our institution's package code (AU33) when you submit your information on-line. The cost for this service is the responsibility of the student. Note that charges and past offenses do not automatically disqualify an applicant. All records will be evaluated in context. Contact the Office of Admission for more information.

FOR OFFICE USE ONLY

This student is eligible to enroll in courses that are available and is admitted as a Special Student for the:

Fall; January; Spring; Summer; term of the 20____ - 20____ academic year,

Signature, Vice President for Admissions _____ Date _____

[Registrar/Date _____ / _____]