

 $Office\ of\ Admissions\\ 100\ East\ 27^{th}\ Street,\ Austin,\ Texas\quad 78705\\ Phone:\ 512-404-4827\ /\ 800-241-1085\\ admissions@austinseminary.edu\ /\ Fax:\ 512-472-7089$

SPECIAL STUDENT **APPLICATION and REGISTRATION**

Please Print or Type This Form.

College University Seminary etc. Location (City State)	☑ Mr. ☑ Ms. ☑ Mrs. ☑ Miss ☑ Dr. ☐			☐ Male	□ F	emale
Address						
Phone: Cell (
Home (
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. Church name and address Denomination (official name) EMPLOYMENT (We will not contact employer for reference.) I am currently employed: Yes No Employer Address Supervisor OTHER IDENTIFICATION Date of Birth Citizenship U.S. Other (please indicate) ACADEMIC BACKGROUND (Transcripts may be requested by the Admissions Office.) College University Seminary etc. Location (City State) Attendance Years Degree Date						
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.) College University Seminary etc. Location (City State) Attendance Years Degree Date	Marital Status: Single Marrie	ed: Spouse's Name	m not a member c	of a church		
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	Denomination (official name) EMPLOYMENT (We will not contact employer	oyer for reference.) I am curre Position _ Supervisor h Place of B ase indicate) s may be requested by the Admit	ntly employed: r irth ssions Office.) Attendance	Yes [□ No Degree	Date

REGISTRATION INFORMATION

DESIRED COURSE OF STUDY

I would like to register for the following course(s):	
Course Number / Title and Professor	Credits
1 <i>I</i>	
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: Arts (MATS, MAMP) degree program;	
Master of Divinity (MDiv)degree program.	
SIGNATURE DATE	
TEMS NEEDED TO COMPLETE APPLICATION:	
A one-time application fee of \$25.00 (check or money order), must accompany initial applicati This application fee is non-refundable.	on.
An annual registration fee of \$60.00, a student activity fee of 30.00 per semester, and all tuitic paid in full at the time of registration and prior to the beginning of the term.	on charges must be
Each term, all Special Student applicants attach a brief (one or two paragraphs) explanation of enroll in the course(s) indicated.	of why they wish to
First-time Special Student applicants must complete a brief (20 minute) admissions conference President for Admissions.	ce with the Vice
All applicants, including Special Students, are required to complete a criminal history check, in records, through CastleBranch.com. To grant Austin Seminary access to your background che tution's package code (AU33) when you submit your information on-line. The cost for this serve bility of the student. Note that charges and past offenses do not automatically disqualify an appendix of the evaluated in context. Contact the Office of Admission for more information.	eck, enter our insti- vice is the responsi-
FOR OFFICE USE ONLY	
This student is is eligible to enroll in courses that are available and is admitted as a Special Student for	or the:
☐ Fall; ☐ January; ☐ Spring; ☐ Summer; term of the 20 20	academic year,
Signature, Vice President for Enrollment Management Date	
[Registrar/Date/]	jdh/09/2017