



Office of Admissions  
 101 E.13<sup>th</sup> Street  
 Holland, MI 49423

800.392.8554 ~ [westernsem.edu](http://westernsem.edu) ~ 616.392.7717 FAX ~ [@westernsem.edu](mailto:@westernsem.edu)

## APPLICATION FOR NON-DEGREE ADMISSION

Complete this application to apply for In-Resident, Certificate in Urban Pastoral Ministry, Distance Learning, or Young Life courses as a non-degree student.

<b>Personal Information</b>	
Anticipated Date of Entrance: _____ Applying For: <input type="checkbox"/> In-Residence <input type="checkbox"/> Certificate in Urban Pastoral Ministry <input type="checkbox"/> Audit <input type="checkbox"/> For Credit <input type="checkbox"/> Young Life <input type="checkbox"/> Distance Learning * See below Have you previously applied for admission to WTS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____	
Legal Name Last First Middle <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____ Preferred First Name: Other names used (maiden, nickname, alias):	Social Security Number: Canadian SIN#: Driver's License Number: State of Issuance
Address to which correspondence should be sent:  Valid dates: From _____ to _____	E-Mail Address: Home Telephone: Cell Phone: Office Telephone:
Permanent Address (If different from mailing address)	FAX:
Place of Birth	Birth Date ____/____/____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
How did you hear about Western Theological Seminary? <input type="checkbox"/> Admissions Counselor <input type="checkbox"/> Friend/Family Member <input type="checkbox"/> Pastor <input type="checkbox"/> Website Search <input type="checkbox"/> Magazine Ad/Article <input type="checkbox"/> Conference or College Fair <input type="checkbox"/> Advertisement <input type="checkbox"/> Other _____	Ethnic Survey (Optional) <input type="checkbox"/> Am Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Two Races <input type="checkbox"/> Non-Resident Alien
Country of Citizenship: <input type="checkbox"/> U.S.A. <input type="checkbox"/> Canada <input type="checkbox"/> Other _____	If not U.S.A., Passport Number
* DISTANCE LEARNING APPLICANTS ONLY: Distance Learning courses may not be audited and must be taken for credit. Candidates must also review technology requirements listed on the website and comply. As an applicant for a Distance Learning class, your signature on this application indicates that you agree to and understand these conditions. Applicants for Distance Learning courses must have completed a Bachelor's degree.	For Office Use Only – Do not Complete <input type="checkbox"/> Application Received: _____ <input type="checkbox"/> Application Fee

**Academic Record** List all colleges/universities attended in chronological order. The applicant is responsible for securing official academic transcripts from all colleges, universities and graduate schools.

College/University/Other	Years Attended	Major Field(s)	Degree Earned	Year Received
Undergraduate Awards/Honors:				
Do you believe your academic transcripts reflect your academic ability? If no, please explain in an attached statement.		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Ecclesiastical Information**

Baptism			Confession of Faith/Confirmation		
Church	Location	Date	Church	Location	Date
Present Church Membership: Name of Church Denomination			From: Date To: Date		
Church Address			Present Minister (If you are the minister, leave blank)		
Minister's Address			Home Phone ( ) Office ( )		

My Health  Excellent  Fair  Poor

List major illnesses and/or surgery (and dates):

Previous residences (City, State, Dates)

**\*\*Please attach a one-page double-spaced description of how you hope theological education will enhance and/or empower your ministry.**

**SIGNATURE (Application cannot be processed without signature)**

I certify that information submitted on this application is accurate to the best of my knowledge. By signing this form, I recognize the Christian commitment and mission of Western Theological Seminary and agree to follow the policies defined in the seminary handbook and the conditions stated on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***The vision of Western Theological Seminary is to prepare Christians called by God to lead the church in mission. If you have questions about this application, the admissions procedure or our degree program, please contact us.***

**Rev. Mark G. Poppen, Director of Admissions**  
**Jill English, Admissions Assistant**  
[@westernsem.edu](mailto:westernsem.edu)  
**800.392.8554**

**SEND TO:**  
 Office of Admissions  
 Western Theological Seminary  
 101 East 13<sup>th</sup> Street  
 Holland MI 49423

Please include:  
 Application  
 One page written description (see above)\*\*  
 Application Fee

Please request and send:  
 Official transcripts  
 from all colleges and  
 graduate institutions