



Mid-America Baptist Theological Seminary

"... that in all things He might have the preeminence" (Colossians 1:18).

Michael R. Spradlin, Ph.D.
President



Application for Admission

"to all the world for Jesus' sake" . . .

P. O. Box 2350
Cordova, TN 38088-2350
(901) 751-8453 • (800) 968-4508
(901) 259-0397 Fax
E-mail: info@mabts.edu
www.mabts.edu

Northeast Branch
2810 Curry Road
Schenectady, NY 12303
(518) 355-4000 • (800) 209-3447
(518) 355-8298 Fax
Email: info@mabts.edu
www.mabts.edu

APPLICANT INFORMATION

Student ID: _____

Full Name _____
last first middle preferred name

Current mailing address _____
apartment/box/street number

_____ Home Telephone _____
city state/country zip area code/number

If US citizen, state of permanent residence _____ Work Telephone _____
area code/number

Citizenship _____

Home city and state _____ E-mail Address _____

Date of Birth _____ Place of birth _____

Parent(s) _____ Parent(s) _____
Address Phone

Marital status: Single Married Divorced Sex: Male Female

If married, is your spouse in full agreement with your commitment to attend MABTS?
 Yes No If no, attach an explanatory note.

Social Security number _____ - _____ - _____

(Refer to the Seminary policy concerning divorce as stated in the *Catalog*.)

Ethnic Group (For reporting purposes only)

- White: Non-Hispanic American Indian or Alaskan native Hispanic Asian
- Black: Non-Hispanic Pacific islander Other

ACADEMIC INFORMATION

Please indicate the semester and year in which you wish to begin:

Fall Semester Spring Semester Year _____

Do you plan to attend: Full-time (12 Semester hours) Part-time Do you need Seminary housing? Yes No

Check one of the following to indicate your choice of location: Cordova, TN (Main Campus) Schenectady, NY (Northeast Campus)
 MS Extension (Up to 50% of the credits required for graduation may be completed at an Extension Center.)

Check the *one* program to which you are seeking admission:

Degrees Offered: Cordova Campus	
<input type="checkbox"/> Associate of Divinity (59 hours)	<input type="checkbox"/> Doctor of Ministry
<input type="checkbox"/> Associate of Christian Education (59 hours)	<input type="checkbox"/> Pastoral
<input type="checkbox"/> Master of Divinity (88 hours)	<input type="checkbox"/> Christian Education
<input type="checkbox"/> Master of Christian Education (89 hours)	<input type="checkbox"/> Missiology
<input type="checkbox"/> Master of Arts in Christian Education (59 hours)	<input type="checkbox"/> Doctor of Philosophy
<input type="checkbox"/> Master of Missiology (89 hours)	<input type="checkbox"/> Old Testament
<input type="checkbox"/> Special (Do not plan to seek a degree.)	<input type="checkbox"/> New Testament
	<input type="checkbox"/> Theology
	<input type="checkbox"/> Practical Theology
	<input type="checkbox"/> Missions
	<input type="checkbox"/> Church History
	<input type="checkbox"/> Christian Education

Degrees Offered: Northeast Campus
<input type="checkbox"/> Associate of Applied Science in Pastoral Ministries Program (61 hours)
<input type="checkbox"/> Master of Divinity (88 hours)
<input type="checkbox"/> Certificate Program
<input type="checkbox"/> Special (Do not plan to seek a degree.)

FAMILY INFORMATION

Spouse's name _____
last first middle preferred name

Spouse's date of birth _____ Date of marriage _____
month day year month day year

Children _____
name date of birth M/F name date of birth M/F
_____ name date of birth M/F _____ name date of birth M/F

Is spouse a student or alumnus? Yes No If so, ID# _____

CHURCH INFORMATION

Church where you are currently a member.

_____ name of church mailing address city state zip
_____ phone pastor date of membership

Is this church affiliated with the Southern Baptist Convention? yes no

If no, what denominational affiliation? Please be specific: _____

Are you? Ordained Licensed

Ordained by: _____ Date: _____ Licensed by: _____ Date: _____

VOCATIONAL GOAL

(Indicate order of preference—1st, 2nd, and 3rd)

___ Pastorate	___ Christian Education	___ Campus Ministry	___ Teaching (Higher Education)
___ Evangelist	___ Adult Educational Ministry	___ Pastoral Counseling	___ Academic Administration
___ International Missions	___ Church Administration	___ Civilian Chaplaincy	___ Leadership
___ North American Missions	___ Youth Ministry	___ Military Chaplaincy	___ Undecided
___ Music Ministry	___ Children's Ministry	___ Denominational Ministry	___ Other (Please Specify)

MILITARY SERVICE

Military service _____ Branch _____ Date _____ Rank _____

Present military status _____ Eligible for veteran's benefits? _____

Have you used your veteran's benefits at a previous institution (s)? _____ If yes, please list date (s) _____

If yes, please list the name of institution (s) _____

EDUCATION INFORMATION

High School/GED _____
Name Address Date graduated

College 1 _____
Name Address Degree Earned Date graduated

College 2 _____
Name Address Degree Earned Date graduated

College 3 _____
Name Address Degree Earned Date graduated

Bible Institute _____
Name Address Degree Earned Date graduated

Seminary _____
Name Address Degree Earned Date graduated

FINANCIAL INFORMATION

We will complete a credit report from Equifax.com.

Yes No Is there anything in your financial history or current financial status that could limit your ability to pay for your seminary education?

If your answer is yes, please explain: _____

How do you plan to finance your seminary education including housing and living expenses? _____

EMPLOYMENT INFORMATION

Please list your local church service:

Name of Church	Position	City and State	Dates	Paid/Volunteer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list your secular employment:

Employer	Position	City and State	Dates
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT SIGNATURE

In making application to become a student at Mid-America Baptist Theological Seminary, I pledge myself to abide by all of the regulations of the faculty and administration; to seek in every way to protect the good name of the institution; to preserve and protect the physical properties of the Seminary and to cooperate with the various groups of the Seminary family in creating and maintaining a spirit of Christian fellowship throughout my student days. I understand the Seminary reserves the right to request a student to withdraw at any time. Materials relative to application are considered confidential, and the Seminary has no obligation to disclose information regarding an applicant's being declined admission into the program to which application is made.

Signature _____ Date _____

Mid-America Baptist Theological Seminary

“ . . . that in all things He might have the preeminence ” (Colossians 1:18).

The Application Process for Admission

This check list has been prepared to assist you with the application process.
Please submit all of the following documents to complete your application to Mid-America Baptist Theological Seminary.

I. Items needed from the applicant

- Application for Admission - (Printed or Typewritten) including this form and your Autobiographical form.
- Applicant Signature. Be sure to sign the agreement located on the last page of the application.
- Application Fee. Submit a \$35 nonrefundable application fee (\$50 for D.Min. or Ph.D. applicants on Tennessee campus only). This fee is applied to the cost of processing your application and is not applicable to tuition or other student charges. The check or money order should be made payable to Mid-America Baptist Theological Seminary.
- Two Photographs. Submit two recent studio-quality photographs. The photographs should be approximately 2 1/2" X 3 1/2" in dimension and should be a close-up of head and shoulders. Men must wear a coat and tie. Passport photographs are acceptable.
- Background investigation authorization form from backgroundchecks.com.

II. Items needed from others

- Educational Transcripts. Submit official transcripts certifying academic credits and degrees previously achieved in other educational institutions, in accordance with the entrance requirements for the program which you expect to enter. (Refer to the Catalog for specific program requirements.) If you have attended more than one college or seminary, an official transcript is required from each institution attended, even though transfer credits appear on the transcript of the last institution attended. Academic transcripts must include the date graduated and the degree granted.
 - High School/GED College #1 College #2 College #3 Bible Institute Seminary(Associate Degree Only)
- All international applicants are required to give a deposit before consideration for approval can be decided.
 - \$6,000 for any student that is married. \$4,000 for any student who is single.
- TOEFL Scores: (For international candidates only.)

The following forms are enclosed:

- Health Record Form. Submit an official health certificate form. The form must be completed and signed by a physician (M.D.). Supplemental medical reports may be required if needed to clarify unusual physical, mental, or emotional conditions.
- Immunization Record Form. **(NORTHEAST CAMPUS ONLY)**
- Church Endorsement. Submit an official church endorsement form which certifies the action of your church in business meeting, recommending you as a prospective student to this Seminary. The form must be signed by the church clerk, indicating the date of the church action.

Name of church: _____

- Pastoral Recommendation. Submit a letter of personal recommendation from your pastor, director of associational missions, or field supervisor testifying to your good character and suitability for training for vocational Christian service.

Name: _____

- Personal Recommendations. Submit letters of recommendation from two friends who have known you for at least one year.

Name: _____

Name: _____

- Credit Reference. Submit a letter of credit reference from a bank or business which affirms satisfactory financial experience. (Note: An in-file credit report will be secured by the Seminary through an established credit reporting agency.)

Name: _____

Policy of Nondiscrimination. Mid-America Baptist Theological Seminary admits all students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school, with no discrimination in the administration of its educational policies, scholarship and loan programs, and other school-administered programs.

Applicant's Autobiographical Statement

MID-AMERICA BAPTIST THEOLOGICAL SEMINARY

P. O. Box 2350 ♦ Cordova, TN 38088-2350

Phone: 901-751-8453 ♦ 800-968-4508

901-259-0397 (fax) ♦ info@mabts.edu ♦ www.mabts.edu

Northeast Campus

2810 Curry Road ♦ Schenectady, NY 12303

1-800-209-3447 ♦ 518-355-4000 ♦ info@mabts.edu

Name _____

MARITAL STATUS: Mid-America Baptist Theological Seminary maintains the policy that admission is not granted to an applicant who has been involved in a divorce or who has married a divorced person. Refer to the Catalog admission requirements for specific details.

Have either you or your spouse ever been divorced? Yes _____ No _____

What is your present marital status? Married _____ Single _____

SALVATION EXPERIENCE: An applicant for admission to the Seminary must have been a professing Christian for a period of at least one year prior to the time of initial registration. Please state a brief account of your personal experience of salvation in Jesus Christ. Tell what this experience has meant in your life in terms of personal assurance and the Lordship of Christ.

STATEMENT CONCERNING YOUR BAPTISM: Please state a brief account of your baptism and what you believe about baptism.

CALL TO CHRISTIAN SERVICE: Please state a brief account of your personal experience of the call to Christian service and describe your commitment to the fulfillment of the calling in your life.

EDUCATIONAL PURPOSE: Consult the Summary of Academic Programs in the current Catalog for a description of the academic programs, time requirements, minimal educational and age requirements, and specific purpose of each program of study. Please state your personal reasons for seeking admission to Mid-America Baptist Theological Seminary and explain how you expect to utilize your academic training with reference to future Christian service.

MABTS STANDARDS OF CONDUCT

In the area of moral/ethical or spiritual development, the Seminary recognizes the freedom of each student to develop under the leadership of the Holy Spirit. However, it must also be noted that MABTS students are not only preparing for positions of spiritual leadership but are often already viewed as Christian leaders by men and women in the community. Thus, it is essential that they exemplify a God-controlled life both on and off the campus, conforming to the highest standards of conduct.

All members of the Seminary—trustees, faculty, administrative staff members, or students—assume the responsibility to conduct themselves in compliance with the objectives and standards of conduct established by the Seminary. Misconduct that renders a member of the Seminary liable for discipline, up to and including dismissal, falls into the following categories:

1. Dishonesty, including cheating, theft, plagiarism, forgery, or giving false information on official documents.
2. Obstruction or disruption of teaching, research administration, or Seminary sponsored activities by force or violence or threat of violence.
3. Physical, verbal, or mental abuse or threat of abuse of another member of the Seminary.
4. Theft or damage to Seminary or community property or the personal property of a member of the Seminary community. This includes taking materials from the library.
5. The use of tobacco, alcohol, or controlled substances.
6. Participation in immoral relationships, including but not limited to child abuse or molestation, sodomy, adultery and sex outside of marriage.
7. Participation in or viewing of pornography.
8. Participation in spousal abuse, whether physical, verbal, mental, or psychological.
9. Unauthorized entry to or use of Seminary facilities or equipment.
10. Failure to comply with directions of the President or other officers of the Seminary when acting in the performance of their duties.
11. Conduct which adversely affects the member's suitability as a member of the Seminary community or which interferes with the rights and privileges of another member of the Seminary community.
12. The willful commission of any act which results in a criminal charge and conviction in any court of competent jurisdiction.

Academic work is evaluated on the assumption and the expectation that the work presented is the student's own, unless designated otherwise. Anything less is unacceptable and is considered academically dishonest. Collaboration, plagiarism, and cheating—all defined below—are considered forms of academic dishonesty and students guilty of such are subject to disciplinary action.

1. **Collaboration:** Submission of a paper that is paraphrased from, or identical to, another student's paper. A "paper" is defined as "any materials submitted by a student for credit in a course."
2. **Plagiarism:** Submission of a paper in which substantial portions are paraphrased without documentation or are identical to published or unpublished material.
3. **Cheating:** The improper use of books, notes, another student's tests, or other aids during an examination. It is the responsibility of the student to get approval for the use of such aids prior to the time of the examination, and without such approval they will be considered improper. An "examination" is defined as "any testing situation in which the score will be used for credit in a course."



Health Record Form

(To be completed by Student)

Name of applicant _____ Date of examination _____

Current address _____

Date of Birth _____ SSN _____

The following information is being disclosed for the purpose of assisting Mid-America Seminary in their efforts to counsel incoming students wisely regarding the best course load to assume. I request and authorize _____ to release the medical information specified on this Health Record Form to Mid-America Baptist Theological Seminary. I also understand that this authorization will expire in 12 months.

Signature of Authorization _____ Date _____

(To be completed by Physician)

Note to examining physician:

Your examination of the applicant for enrollment in Mid-America Baptist Theological Seminary is important. Many of our students must work to support themselves while in school. Seminary responsibilities are heavy. At the present time, we offer no health service at all at the Seminary. Therefore, any information which you could give concerning the applicant's history that would be of assistance to us would be greatly appreciated.

1. Please indicate the nature of applicant's relationship with you as a physician:
 Regular patient Occasional patient First visit
2. Is there anything in the applicant's family history that we need to know?
3. Is there anything in the applicant's past medical history that we need to know?
4. Please give pertinent information concerning the applicant's current physical condition. (Please use back of form.)
5. Is the applicant currently taking medication?
6. Does the patient have a history of psychiatric problems?
7. Other remarks which the examining physician may wish to make. (Please use back of form.)

Name of Physician: _____
(please type)

Address of Physician: _____
(please type)

Signature of Examining Physician: _____

Please Send Directly to the Location you Plan to Attend:

Admissions Office, Mid-America Baptist Theological Seminary
P. O. Box 2350 ♦ Cordova, TN 38088-2350
901-259-0397 ♦ 800-968-4508 ♦ 901-259-0397 (Fax)
E-mail: info@mabts.edu

Mid-America Baptist Theological Seminary—Northeast Branch
2810 Curry Road ♦ Schenectady, NY 12303
(518) 355-4000 ♦ (800) 209-3447 ♦ (518) 355-8298 Fax
Email: info@mabts.edu



For Northeast Campus Applicants Only

STUDENT IMMUNIZATION RECORD FORM

REQUIRED IMMUNIZATIONS

New York State Health Law requires that all students whose birth date is on or after January 1, 1957, must provide official documentation and verifications of the following immunizations:

Measles. Two doses of live Measles given after 1967 and administered on or after the first birthday. Physician documentation of the Measles disease or a blood titer test showing immunity to the Measles may be substituted for vaccine requirements.

Rubella. One dose of live Rubella given after 1968 and administered on or after the first birthday. A blood titer test showing immunity to the Rubella disease is the only acceptable substitution for the vaccine requirement.

Mumps. One dose of live Mumps given after 1968 and administered on or after the first birthday. Physician documentation of the Mumps disease or a blood titer test showing immunity to the Measles may be substituted for vaccine requirements.

1. The Student Immunization Record Form may be used as proof of immunization when officially completed by a physician. **OR:**
2. Students may attach a copy of their own doctor's health record form or a physician's written statement as proof of immunization. Such documentation must provide **ALL** required information as listed above.

To assist with your needs, Schenectady County Public Health Services, 600 Franklin Street, Schenectady, NY, offers Immunization Clinics. Appointments are preferred. There is a \$10 charge. Call 346-2187 to schedule an appointment. Other counties offer similar services.

Please complete the Student Immunization Form and mail or fax it to:

Mid-America Baptist Theological Seminary
2810 Curry Rd.
Schenectady, NY 12303
518-355-4000 or 1-800-209-3447
518-355-8298 (fax)

Name _____
Last First MI

Mailing Address _____
Number and Street Apt.

City _____ State _____ Zip _____

County _____ Phone _____

Date of Birth ____/____/____ Male Female

SS# _____

NYS Public Health Law 2165 now requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957, are exempt from this requirement.

REQUIRED: MEASLES (RUBEOLA) IMMUNITY

Documentation of TWO dates of measles immunizations: Both must have been given after 1967. One after the first birthday and the second after 15 months of age. (Include Month, Date, Year)

1. _____ 2. _____

OR: Documentation of measles titer (blood test showing immunity)

Results _____ Date _____

OR: Documentation of measles disease.

Date _____

Signature of Diagnosing Physician

REQUIRED: RUBELLA (GERMAN MEASLES) IMMUNITY

Documentation of one rubella immunization: Must have been given on or after first birthday. (Include Month, Day, Year)

1. _____

OR: Documentation of rubella titer (blood test showing immunity)

Results _____ Date _____

(Physician diagnosis of the rubella disease is not acceptable.)

REQUIRED: MUMPS IMMUNITY

Documentation of one mumps immunization: Must have been given on or after the first birthday. (Include Month, Day, Year)

1. _____

OR: Documentation of mumps titer (blood test showing immunity)

Results _____ Date _____

OR: Documentation of mumps disease.

Date _____

Signature of Diagnosing Physician

When this form is used as documentation, physician's signature is required below.

Physician's Signature

Date

Address

Phone



Church Endorsement

_____ (date)

_____ Church in _____

(town/city)

_____ voted in business session on _____

(state)

(date)

to recommend _____

(name of applicant)

as an applicant for admission to Mid-America Baptist Theological Seminary.

He/She is a member in good standing, and we express our approval of his/her desire to continue his/her study in preparation for church-related ministry. We pledge our interest in and prayerful support for him/her.

Signed: _____

Position: _____

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(518) 355-4000 ♦ (800) 209-3447 ♦ (518) 355-8298 Fax
Email: info@mabts.edu

Instructions for the Applicant: Please present this form to your church, allowing your church to consider your application to the Seminary.



Personal Recommendation

Thank you for taking a moment of your time to give us some information on the following applicant to our seminary:

This portion is to be completed by the applicant.

Last name of applicant (please print) _____

First _____

Middle _____

Address _____

Anticipated program of study _____

This recommendation is from a (please check one):

Pastor Professional acquaintance
 Teacher/Professor Lay person Employer Ministry supervisor/Colleague
 Other _____

NOTE: This form is to be filled out by someone who is not a member of your immediate family and has known you for at least one year. Please complete the top portion of each recommendation form yourself: 1. Print your name. 2. Indicate the program to which you are applying. All recommendations should be sent directly by the persons who complete them as indicated below.

The individual named above is applying for admission to Mid-America Baptist Theological Seminary. Thank you for your part in this important phase of the applicant's life.

1. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

	Not Observed	Weak	Fair	Average	Very Good	Outstanding
Commitment to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of God's call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How long have you known the applicant?

How well? Very well Rather well Casually Not well

3. Do you see this person as someone whom you would hire, have as your pastor or church staff member, or like to work with as a colleague?

Yes No Unsure (Please comment on extra sheet.)

4. I recommend this applicant for admission to Mid-America Baptist Theological Seminary.

Highly recommend Recommend Recommend with reservations Do not recommend

5. Name: _____ Signature: _____ Date: _____

Church/Organization: _____ Position: _____

Address: _____

Address: _____ Phone: (____) _____ E-mail: _____

Please Send Directly to the Location you Plan to Attend:

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 Email: info@mabts.edu



Personal Recommendation

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This portion is to be completed by the applicant.

Last name of applicant (please print) _____

First _____

Middle _____

Address _____

Anticipated program of study _____

This recommendation is from a (please check one):

Pastor Professional acquaintance
 Teacher/Professor Lay person Employer Ministry supervisor/Colleague
 Other _____

NOTE: This form is to be filled out by someone who is not a member of your immediate family and has known you for at least one year. Please complete the top portion of each recommendation form yourself: 1. Print your name. 2. Indicate the program to which you are applying. All recommendations should be sent directly by the persons who complete them as indicated below.

The individual named above is applying for admission to Mid-America Baptist Theological Seminary. Thank you for your part in this important phase of the applicant's life.

1. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

	Not Observed	Weak	Fair	Average	Very Good	Outstanding
Commitment to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of God's call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How long have you known the applicant?

How well? Very well Rather well Casually Not well

3. Do you see this person as someone whom you would hire, have as your pastor or church staff member, or like to work with as a colleague?

Yes No Unsure (Please comment on extra sheet.)

4. I recommend this applicant for admission to Mid-America Baptist Theological Seminary.

Highly recommend Recommend Recommend with reservations Do not recommend

5. Name: _____ Signature: _____ Date: _____

Church/Organization: _____ Position: _____

Address: _____

Address: _____ Phone: (____) _____ E-mail: _____

Please Send Directly to the Location you Plan to Attend:

Admissions Office, Mid-America Baptist Theological Seminary
 P. O. Box 2350 ♦ Cordova, TN 38088-2350
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 (518) 355-4000 ♦ (800) 209-3447 ♦ (518) 355-8298 Fax
 Email: info@mabts.edu



Letter of Credit Reference

To Whom It May Concern:

I am applying to Mid-America Baptist Theological Seminary to work toward an advanced degree. As part of the application process, the school is asking for a letter of credit reference which affirms satisfactory financial experience with the bank. If you need a direct request from the Seminary, please contact the admissions office or the main campus at 901-751-8453 or 1-800-968-4508. Your help in sending this letter would be greatly appreciated.

Thank you.

(Signature of applicant)

(Date)

Dear Registrar:

_____ has had an account with _____
(Name of applicant) (Name of person or institution)

since _____. Their account is in good standing, and they have done proper business with us.
(Date)

Signed: _____

Title: _____

Date: _____

Please Return to Applicant or Send Directly to the Location they Plan to Attend:

Admissions Office, Mid-America Baptist Theological Seminary
P. O. Box 2350 ♦ Cordova, TN 38088-2350
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(518) 355-4000 ♦ (800) 209-3447 ♦ (518) 355-8298 Fax
Email: info@mabts.edu



TRANSCRIPT REQUEST

For the Applicant to Complete:

Please complete this section and present it to your high school guidance office (for associate students only) or college registrar's office.

Official transcripts are required from all colleges and/or seminaries student has attended. (Copies of this form may be made to send to multiple schools).

Last Name _____ First Name _____ MI _____

Address _____

City _____

State/Zip _____

Name of School _____

Dates Attended _____

Social Security Number _____

I hereby give permission for my transcript and other information to be sent to:

Admissions Office, Mid-America Baptist Theological Seminary
P. O. Box 2350 ♦ Cordova, TN 38088-2350
901-751-8453 ♦ 800-968-4508 ♦ 901-259-0397 (Fax)
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(518) 355-4000 ♦ (800) 209-3447 ♦ (518) 355-8298 Fax
Email: info@mabts.edu

Signature _____ Date _____



Authorization to Release Information

I hereby consent and agree for Backgroundchecks.com in Dallas, TX, to perform a background investigation for Mid-America Baptist Theological Seminary. This consent to perform a background investigation is in compliance with the FCRA (Fair Credit Reporting Act).

I understand and offer my consent for Backgroundchecks.com to inquire into and/or obtain the following:

- Criminal Histories
- Social Security Verification
- Sex Offender Data Base

Signature of Applicant _____ Date _____

I hereby agree that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.

I understand my signature below acknowledges that I have read and understand this form and waives any rights I may have to bring for defamation, invasion of privacy, or any similar cause against Mid-America Baptist Theological Seminary or any employee of Mid-America Baptist Theological Seminary and against Backgroundchecks.com or any employee of Backgroundchecks.com.

Print Full Name _____ Maiden Name (if applicable) _____

Social Security Number _____ Date of Birth ____/____/____

Current Address (apartment/box/street number)	City/State/Zip	Years at Address
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Former Address (apartment/box/street number)	City/State/Zip	Years at Address
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Former Address (apartment/box/street number)	City/State/Zip	Years at Address
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Former Address (apartment/box/street number)	City/State/Zip	Years at Address
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Note: Please provide all addresses over the past ten years