Application for Admission

“to all the world for Jesus’ sake” . . .
APPLICANT INFORMATION

Full Name _______________________________________________________________________

Current mailing address ___________________________________________________________________________________________
apartment/box/street number

city state/country zip area code/number

If US citizen, state of permanent residence ___________________________

Home Telephone _________________________

city state/country zip area code/number

Work Telephone _________________________

E-mail Address ________________________________________________

Date of Birth _____________________________

Place of birth ____________________________________________

Parent(s) ________________________________________________

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 ________-______-________

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)

By Extension Yes No  If so, which one: ____________________________

(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

- Associate of Divinity (60 hours)
- Associate of Christian Education (60 hours)
- Bachelor or Arts in Christian Studies (120 hours)
- Master of Divinity (90 hours)
- Master of Christian Education (91 hours)
- Master of Arts in Christian Education (61 hours)
- Master of Missiology (90 hours)
- Special (Do not plan to seek a degree.)
- Non resident MDIV
- Doctor of Ministry
- Pastoral
- Christian Education
- Missiology
- Doctor of Philosophy
- Old Testament
- New Testament
- Theology
- Practical Theology
- Missions
- Church History
- Christian Education

Degrees Offered: Northeast Campus

- Associate of Applied Science in Pastoral Ministries Program (65 hours)
- Master of Divinity (90 hours)
- Certificate Program (33 hours)
- Special (Do not plan to seek a degree.)
FAMILY INFORMATION

Spouse’s name

last  first  middle  preferred name

Spouse’s date of birth

month  day  year

Date of marriage

month  day  year

Children

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)?  Yes  If yes, please list date (s)

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

ACT/SAT Score __________________________________________ Date __________________________

High School/GED
Name __________________________________________________ Address __________________________ Date graduated ______________________

College 1
Name __________________________________________________ Address __________________________ Degree Earned __________________________ Date graduated ______________________

College 2
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 or No
Is there anything in your financial history or current financial status that could limit your ability to pay for your seminary education? Yes or No
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 __________________________
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.

ACT/SAT Score

<table>
<thead>
<tr>
<th>High School/GED</th>
<th>College #1</th>
<th>College #2</th>
<th>Bible Institute</th>
<th>Seminary</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Associate and Bachelors Degrees Only)</td>
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</table>

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.
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.
PERSONAL INFORMATION

Yes   No
____   ____  Have you ever been dismissed, placed on academic, or disciplinary probation, or asked to withdraw by any educational institution?

____   ____  Have you ever been convicted of any felony as an adult or juvenile or been dishonorably discharged from any branch of the Armed Services?  (Please provide documentation.)

____   ____  Have you ever used illegal drugs, abused prescription medication, or abused alcohol?

____   ____  Have you ever been under the care of a psychologist, mental health counselor, psychiatrist, or Biblical counselor?

MABTS students are not only preparing for positions of spiritual leadership, but also are 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.

Yes   No
____   ____  Have you exemplified a God-controlled life for at least the last 12 months in accordance with the MABTS standards of conduct?  
(See Reverse)

I hereby attest that the personal information that I have provided is accurate.  I understand that if any information I have provided is found to be untrue, I will be subject to disciplinary measures and possible dismissal from the Seminary.  I have read and agree that if admitted as a student to MABTS, I will abide by the MABTS Standards of Conduct. (Please see reverse side.)

INTERNATIONAL STUDENTS

1. Country of Citizenship  __________________________________________

2. Approximate Date of Entry to U.S.A.  __________________________________________

3. Check your legal status as a non-immigrant in the United States:
   ____ F Status:  Student
   ____ M Status:  Student/non-academic
   ____ O Status:  Short Term Visitor
   ____ J Status:  Exchange Visitor
   ____ P Status:  Entertainer
   ____ Other (please indicate)

4. Have you been issued a “Green Card” (I-151 or 1551) for immigrants?  _____ Yes _____ No

5. Check your highest educational degree:
   _____ High School
   _____ Vocational School
   _____ College
   _____ Graduate School

International students are required to submit official transcripts (translated into English) from each institution attended.

6. Have you taken the TOEFL Exam (Test of English as Foreign Language)?  _____ Yes _____ No

If yes, what was the score?  ______

A TOEFL exam must be completed within two years prior to admission.  A minimum score of 550 for the paper based TOEFL or 79-80 on the internet bases TOEFL for masters and associates work.  A minimum score of 600 on the paper-based TOEFL or 100 on the internet bases ToEFL for doctoral work.

7. Statement of vocational intent:  __________________________________________

Signature  ____________________________
Date  ___________________
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 type)

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 (518) 355-8298 (Fax)
Email: info@mabts.edu
**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 518-355-8298 (fax)

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**Student Immunization Record Form**

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Number and Street</td>
<td>Apt.</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

_______________________________________

(state) voted in business session on __________ (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: ________________________________________________

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
901-751-8453 • 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 (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.
Pastoral 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 ❑ Director of Missions

NOTE: 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?

<table>
<thead>
<tr>
<th>Category</th>
<th>Not Observed</th>
<th>Weak</th>
<th>Fair</th>
<th>Average</th>
<th>Very Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to Christ</td>
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<tr>
<td>Evidence of God’s call</td>
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<tr>
<td>Maturity</td>
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<td>Self-discipline</td>
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<td>Communication skills</td>
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<td>Interpersonal relationship</td>
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<tr>
<td>Dependability</td>
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<tr>
<td>Leadership skills</td>
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</tbody>
</table>

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: __________________________

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2810 Curry Road • Schenectady, NY 12303
(518) 355-4000 • (518) 355-8298 (Fax)
Email: info@mabts.edu
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?

   Commitment to Christ
   Evidence of God’s call
   Maturity
   Self-discipline
   Communication skills
   Interpersonal relationship
   Dependability
   Leadership skills

   Not Observed  Weak       Fair   Average  Very Good  Outstanding

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: __________________

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P. O. Box 2350  •  Cordova, TN 38088-2350
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Address

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?

<table>
<thead>
<tr>
<th>Category</th>
<th>Not Observed</th>
<th>Weak</th>
<th>Fair</th>
<th>Average</th>
<th>Very Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to Christ</td>
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<td>Evidence of God’s call</td>
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<td>Maturity</td>
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<td>Self-discipline</td>
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<tr>
<td>Communication skills</td>
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<tr>
<td>Interpersonal relationship</td>
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<td>Dependability</td>
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<td>Leadership skills</td>
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</tr>
</tbody>
</table>

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
901-751-8453 • 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 • (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 ___________________________ since __________________________.

(Name of applicant) (Name of person or institution) (Date)

Their account is in good standing, and they have done proper business with us.

Signed: ____________________________

Title: ____________________________

Date: ____________________________

Admissions Office, Mid-America Baptist Theological Seminary
P. O. Box 2350 • Cordova, TN 38088-2350
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2810 Curry Road • Schenectady, NY 12303
(518) 355-4000 • (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)
E-mail: info@mabts.edu

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2810 Curry Road • Schenectady, NY 12303
(518) 355-4000 • (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 herby 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

Former Address (apartment/box/street number) City/State/Zip Years at Address

Former Address (apartment/box/street number) City/State/Zip Years at Address

Former Address (apartment/box/street number) City/State/Zip Years at Address

Note: Please provide all addresses over the past ten years