



# MID-AMERICA

BAPTIST THEOLOGICAL SEMINARY

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

Michael R. Spradlin, PhD  
President

## Application for Admission as Non-Credit

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

PO Box 2350  
Cordova, TN 38088-2350  
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901-259-0397 (Fax)  
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Northeast Branch  
2810 Curry Road  
Schenectady, NY 12303  
518-355-4000 ♦ 518-355-8298 Fax  
Email: [info@mabts.edu](mailto:info@mabts.edu)  
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# APPLICANT INSTRUCTIONS

Student ID: \_\_\_\_\_

This application for non-credit programs requires the following steps to be fulfilled: Please complete the application form and sign at the designated places.

## Please indicate the program in which you plan to participate:

- \*Audit scheduled courses     Institute for Nouthetic Studies     Other \_\_\_\_\_

## APPLICANT INFORMATION

Full Name \_\_\_\_\_  
last first middle preferred name

Maiden Name (if applicable) \_\_\_\_\_

Current mailing address \_\_\_\_\_  
apartment/box/street number

Home Telephone \_\_\_\_\_  
city state/country zip area code/number

Work Telephone \_\_\_\_\_  
area code/number Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_

### Ethnic Group (For reporting purposes only)

- Caucasian: Non-Hispanic     American Indian or Alaskan native  
 Hispanic     Asian  
 African American: Non-Hispanic     Pacific islander     Other \_\_\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Please indicate the one term and year in which you wish to begin:

- August     October     January     March     Other    Year \_\_\_\_\_

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.

## APPLICANT SIGNATURE

In making application to become a non-credit 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. I understand the Seminary reserves the right to request a non-credit student to withdraw at any time.

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

\* Applicants accepted as non-credit students may audit particular seminary courses only with the permission of the professor and by meeting any prerequisites required for that particular course. Acceptance as a non-credit student does not guarantee participation in any particular course.

# Applicant's Autobiographical Statement

## MID-AMERICA BAPTIST THEOLOGICAL SEMINARY

### Cordova Campus

P. O. Box 2350 ♦ Cordova, TN 38088-2350  
(901) 751-8453 ♦ (800) 958-4508 ♦ (901) 751-8454 (Fax)  
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### Northeast Branch

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Email: NE\_Info@mabtsne.edu ♦ www.mabts.edu

Name \_\_\_\_\_

**SALVATION EXPERIENCE:** Please state a brief account of your personal experience of salvation in Jesus Christ (if applicable). Tell what this experience has meant in your life in terms of personal assurance and the Lordship of Christ.

**STATEMENT CONCERNING BAPTISM:** Please state a brief account of your baptism (if applicable) and what you believe about baptism.

**EDUCATIONAL PURPOSE:** Please include your reasons for enrolling as a non-credit student at Mid-America Baptist Theological Seminary.