



# 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

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

PO Box 2350  
Cordova, TN 38088-2350  
901-751-8453 ♦ 800-968-4508  
901-259-0397 (Fax)  
Email: [info@mabts.edu](mailto:info@mabts.edu)  
[www.mabts.edu](http://www.mabts.edu)

Northeast Branch  
2810 Curry Road  
Schenectady, NY 12303  
518-355-4000 ♦ 518-355-8298 Fax  
Email: [info@mabts.edu](mailto:info@mabts.edu)  
[www.mabts.edu](http://www.mabts.edu)

# APPLICANT INFORMATION

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

Full Name \_\_\_\_\_  
Last First Middle Preferred Name

Current Mailing Address \_\_\_\_\_  
Apartment/Box/Street Number

City State/Country ZIP Home Telephone Area Code/Number

If US Citizen, State of Permanent Residence Work Telephone Area Code/Number

Citizenship \_\_\_\_\_

Home City and State Email \_\_\_\_\_

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

Parent(s) Parent(s) Address Phone

Marital status:  Single  Married  Divorced Sex:  Male  Female  
(Refer to the Seminary policy concerning divorce as stated in the Catalog.)

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)

- Caucasian: Non-Hispanic  American Indian or Alaskan Native  Hispanic  Asian
- African American: Non-Hispanic  Native Hawaiian or Other 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)  Online

**Degrees Offered: Cordova Campus**

<p><b>Associate Degree</b> (60 hours)</p> <p><input type="checkbox"/> Divinity <input type="checkbox"/> Christian Education</p> <p><input type="checkbox"/> <b>Bachelor or Arts in Christian Studies</b> (120 hours)</p> <p><b>Master of Divinity</b> (90 hours)</p> <p><input type="checkbox"/> Pastoral Ministries <input type="checkbox"/> Missions</p> <p><input type="checkbox"/> Christian Education <input type="checkbox"/> Biblical Counseling</p> <p><b>Master of Arts</b> (60 hours)</p> <p><input type="checkbox"/> Theology <input type="checkbox"/> Christian Education <input type="checkbox"/> Worship</p> <p><input type="checkbox"/> <b>Special</b> (Do not plan to seek a degree)</p> <p><b>Bridge Program</b></p> <p><input type="checkbox"/> Bachelor <input type="checkbox"/> Master</p>	<p><input type="checkbox"/> <b>Doctor of Ministry</b></p> <p><input type="checkbox"/> Pastoral</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Missiology</p> <p><input type="checkbox"/> <b>Doctor of Philosophy</b></p> <p><input type="checkbox"/> Old Testament</p> <p><input type="checkbox"/> New Testament</p> <p><input type="checkbox"/> Theology</p> <p><input type="checkbox"/> Practical Theology</p> <p><input type="checkbox"/> Missions</p> <p><input type="checkbox"/> Church History</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Counseling</p>
--	--

**Degrees Offered: Northeast Campus**

- Associate of Applied Science in Pastoral Ministries Program (63 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 \_\_\_\_\_ 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?  Yes  No

Have you used your veteran's benefits at a previous institution (s)?  Yes  No 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. Is there anything in your financial history or current financial status that could limit your ability to pay for your seminary education?  Yes  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 \_\_\_\_\_

# 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 DMin or PhD 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     High School/GED     College #1     College #2     Bible Institute     Seminary  
(Associate and Bachelors Degrees 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.)
- 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 infile credit report will be secured by the Seminary through an established credit reporting agency.)

### 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.
- Church Endorsement—Submit an official church endorsement form that certifies the action of your church in business meeting recommending you as a prospective student to this Seminary. The form must indicate the date of the church action and be signed by the church clerk.

Name of church \_\_\_\_\_

*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

Admissions Office, Mid-America Baptist  
Theological Seminary  
PO Box 2350 • Cordova, TN 38088-2350  
901-751-8453 • 800-968-4508 • 901-259-0397 (Fax)  
Email: 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

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.

# PERSONAL INFORMATION

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dismissed, placed on academic or disciplinary probation, or asked to withdraw by any educational institution?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used illegal drugs, abused prescription medication, or abused alcohol?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been under the care of a psychologist, mental health counselor, psychiatrist, or Biblical counselor?  |

*\* If you marked "yes" to any of the above questions, please submit a brief written explanation.*

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                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you exemplified a God-controlled life for at least the last twelve months in accordance with the MABTS standards of conduct?<br>(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 Insert 3-B.)

<b>Signature</b> _____	<b>Date</b> _____
------------------------	-------------------

## INTERNATIONAL STUDENTS\*

1. Country of Citizenship \_\_\_\_\_
2. Approximate Date of Entry to USA \_\_\_\_\_
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 I-551) for immigrants?    Yes    No
5. Check your highest educational degree:
 

<input type="checkbox"/> High School	<input type="checkbox"/> College
<input type="checkbox"/> Vocational School	<input type="checkbox"/> 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 a 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 based TOEFL for masters and associates work. A minimum score of 600 on the paper-based TOEFL or 100 on the internet based TOEFL for doctoral work.**

7. Statement of Vocational Intent: \_\_\_\_\_

**This school is authorized under federal law to enroll non-immigrant students.**



## 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, which 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

**This portion is to be completed by the applicant.**

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 its 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 twelve months.

Signature of Authorization \_\_\_\_\_ Date \_\_\_\_\_

**This portion is to be completed by the 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.

- Please indicate the nature of applicant's relationship with you as a physician:  
 Regular Patient     Occasional Patient     First Visit
- Is there anything in the applicant's family history that we need to know?  Yes     No    If yes, please explain.
- Is there anything in the applicant's past medical history that we need to know?  Yes     No    If yes, please explain.
- Please give pertinent information concerning the applicant's current physical condition. (Please use back of form.)
- Is the applicant currently taking medication?  Yes     No
- Does the patient have a history of psychiatric problems?  Yes     No
- 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  
PO Box 2350 ♦ Cordova, TN 38088-2350  
901-259-0397 ♦ 800-968-4508 ♦ 901-259-0397 (Fax)  
Email: 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 and Tennessee State Law** require all students whose birth date is on or after January 1, 1957, to provide official documentation and verifications of the following immunizations: measles, rubella, mumps (MMR), chickenpox and meningitis (TN only). If you graduated from a Tennessee high school in 1999 or after, you are exempt from this requirement. Graduate students may submit a copy of their Tennessee high school diploma showing they graduated in 1999 or after.

**Measles.** (Cordova & Northeast) 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.**(Cordova & Northeast) 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.** (Cordova & Northeast) 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.

**Chickenpox.** (Cordova only) Tennessee State Law requires all students entering MABTS to provide documentation showing their immunization for chickenpox are up-to-date. Two doses of live chickenpox given after 1980 and administered on or after the first birthday. Physician documentation of the chickenpox disease or blood titer test showing immunity to the chickenpox may be substituted for vaccine requirements.

**Meningitis.** (Cordova only) Before moving into their residence, bachelor students under the age of 22 who will be living in a MABTS residence must provide documentation of receiving a Meningitis immunization given on or after their 16th birthday. If this documentation is not provided, students will not be allowed to move into their residence.

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:**

Shelby County Health Department, 714 Jefferson Avenue, Memphis, TN 38105, offers immunizations. Appointments are preferred. Call 901-222-9000 to schedule an appointment. Times: Monday – Friday from 8:00 – 4:30 p.m. Other counties offer similar services.

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.

*Religious exemptions may be requested. An original signed and notarized statement, affirmed under penalties of perjury that the vaccination conflicts with the religious tenets and practices of the student must be submitted to the Office of Admissions in-person or by mail.*

**Please complete the Student Immunization Form and mail or fax it to the Campus you will be attending.**

Cordova Campus  
PO Box 2350 ♦ Cordova, TN 38088-2350  
901-751-8453 ♦ 901-259-0397 (Fax)  
Email: info@mabts.edu

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

# Student Immunization Record Form

Name \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_  
Number and Street Apt.

\_\_\_\_\_ City State ZIP

County \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

SSN \_\_\_\_\_

NYS Public Health Law and TN State Law 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 or if you graduated from a Tennessee high school in 1999 or after. Graduate students may submit a copy of their Tennessee high school diploma showing they graduated in 1999 or after. TN State Law requires post-secondary students to show protection against chickenpox. Persons born prior to 1980, 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 \_\_\_\_\_

## 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 \_\_\_\_\_

## Required: Chickenpox (Varicella) Immunity (Cordova only)

Documentation of TWO dates of chickenpox immunization given after 1980 on or after first birthday. (Include Month, Date, Year)

1. \_\_\_\_\_

**OR:** Documentation of Chickenpox Titer (Blood Test Showing Immunity)

Results \_\_\_\_\_ Date \_\_\_\_\_

**OR:** Documentation of Chickenpox Disease.

Date \_\_\_\_\_

## Required: Meningitis Immunity (Cordova only)

Documentation of meningitis immunization for all bachelor students under the age of 22 who will be living in a MABTS residence. (Include Month, Date, Year)

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  
PO Box 2350 ♦ Cordova, TN 38088-2350  
901-751-8453 ♦ 800-968-4508 ♦ 901-259-0397 (Fax)  
Email: [info@mabts.edu](mailto: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](mailto: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

**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.

**Thank you for taking the time to give us some information on the following applicant to our seminary:**

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(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Please Send Directly to the Location you Plan to Attend:**

**Admissions Office, Mid-America Baptist Theological Seminary**  
**PO Box 2350 ♦ Cordova, TN 38088-2350**  
**901-751-8453 ♦ 800-968-4508 ♦ 901-259-0397 (Fax)**  
**Email: 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**



# Personal Recommendation

**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.

*Thank you for taking the time to give us some information on the following applicant to our seminary:*

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(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Please Send Directly to the Location you Plan to Attend:**

**Admissions Office, Mid-America Baptist Theological Seminary**  
 PO Box 2350 ♦ Cordova, TN 38088-2350  
 901-751-8453 ♦ 800-968-4508 ♦ 901-259-0397 (Fax)  
 Email: [info@mabts.edu](mailto: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](mailto:info@mabts.edu)



# Personal Recommendation

**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):

<input type="checkbox"/> Pastor	<input type="checkbox"/> Professional Acquaintance
<input type="checkbox"/> Teacher/Professor	<input type="checkbox"/> Lay Person
<input type="checkbox"/> Employer	<input type="checkbox"/> Ministry Supervisor/Colleague
<input type="checkbox"/> 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.

**Thank you for taking the time to give us some information on the following applicant to our seminary:**

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(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Please Send Directly to the Location you Plan to Attend:**

**Admissions Office, Mid-America Baptist Theological Seminary**  
 PO Box 2350 • Cordova, TN 38088-2350  
 901-751-8453 • 800-968-4508 • 901-259-0397 (Fax)  
 Email: [info@mabts.edu](mailto: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](mailto: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 that 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 \_\_\_\_\_. This student's account is in good standing, and he/she has 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  
PO Box 2350 ♦ Cordova, TN 38088-2350  
901-751-8453 ♦ 800-968-4508 ♦ 901-259-0397(Fax)  
Email: 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**



# Transcript Request

## For the Applicant to Complete:

Please complete this section and present it to your high school guidance office (for associate and bachelor 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 \_\_\_\_\_

Mid-America Admissions Location       Cordova, TN       Schenectady, NY

**I hereby give permission for my transcript and other information to be sent to Mid-America Baptist Theological Seminary.**

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

## Please Send Directly to the Location the Applicant Plans to Attend:

Admissions Office, Mid-America Baptist  
Theological Seminary  
PO Box 2350 ♦ Cordova, TN 38088-2350  
901-751-8453 ♦ 800-968-4508 ♦ 901-259-0397 (Fax)  
Email: 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



# 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

I hereby agree that a 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.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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
Former Address (Apartment/Box/Street Number)	City/State/ZIP	Years at Address

**Note: Please provide all addresses over the past ten years**