



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
www.mabts.edu

Northeast Branch
2810 Curry Road
Schenectady, NY 12303
518-355-4000 ♦ 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

City State/Country ZIP Home Telephone _____
Area Code/Number

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

Citizenship _____ Cell Phone & Provider _____
Area Code/Number Provider

Date of Birth _____ Email _____

Marital status: Single Married Divorced

(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.

Sex: Male Female 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 need Seminary housing?
 Yes No

Do you plan to attend: Full-Time (12 Semester hours) Part-Time

Do you already own Logos Bible Software?
 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

- Master of Divinity** (90 hours)
 - Pastoral Ministry
 - Missions
 - Biblical Counseling
 - Christian Education
- Master of Arts** (60 hours)
 - Theology
 - Christian Education
 - Worship
 - Biblical Counseling
 - Missions
- Special** (Do not plan to seek a degree)
- Doctor of Ministry**
 - Pastoral Ministry
 - Christian Education
 - Missions
 - Expository Preaching
 - Church Revitalization
 - Biblical Counseling
- Doctor of Philosophy**
 - Old Testament
 - New Testament
 - Theology
 - Practical Theology
 - Missions
 - Church History
 - Christian Education
 - Biblical Counseling

Degrees Offered: Northeast Campus

- Certificate Program** (33 hours)
- Associate of Occupational Studies** (60 hours)
- Master of Divinity** (90 hours)
- Master of Arts**
 - Theology
 - Christian Education
- 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.
- 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)

- 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 _____

- 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 _____

- International Applicants:

- A deposit is required before consideration for approval can be decided.
(\$7,000 for any student that is married, \$4,000 for any student who is single)
- TOEFL Scores (for international candidates only)
- Certification of Finances
- Statement of Support from Bank Sponsor
- 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.)

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

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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?
(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.)

Signature _____

Date _____

INTERNATIONAL STUDENTS*

- Country of Citizenship _____
- Approximate Date of Entry to USA _____
- 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)
- Have you been issued a "Green Card" (I-151 or I-551) for immigrants? Yes No
- Check your highest educational degree:
 - High School College
 - Vocational School 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.



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

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

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 _____

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<p>Mid-America Baptist Theological Seminary– Northeast Branch 2810 Curry Road ♦ Schenectady, NY 12303 518-355-4000 ♦ 518-355-8298 (Fax) Email: info@mabts.edu</p>
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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:

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Last Name of Applicant (please print) _____ First _____ Middle _____

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This recommendation is from a (please check one):
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 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.

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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



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



Transfer Credit Request Form

Student name: _____ Today's date: _____

Phone: _____ Email address: _____

Status:

- Current student
- New student to enroll in _____ / _____ (semester/year)
- Prospective student

MABTS degree program: _____

Institution(s) and degree program(s) from which credits are to be considered:

MABTS must have a transcript from the previous institution(s) in order to evaluate possible transfer credits.

Transfer Credit Standards

- MABTS only accepts transfer courses from institutions with accreditation on par with our SACS accreditation.
- Courses considered for transfer must have been completed with a "C" or higher.
- Remedial courses or courses where no credit was earned will not be considered for transfer.
- Only the number of electives that are granted for a specific degree may be transferred.
- Students must submit an official transcript for each course to be transferred.
- Course descriptions may be required in some cases.
- Associate 60-hour programs may transfer in up to 30 hours.
- Bachelor 120-hour programs may transfer in up to 90 hours.
- Master 90-hour programs may transfer in up to 60 hours.
- **Four (4) weeks are required for the transferring of credit process.** Students should consider this time constraint if transfer approvals are needed when planning for upcoming registration.

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)
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