ASSEMBLIES OF GOD THEOLOGICAL SEMINARY

1435 N. Glenstone Avenue ♦ Springfield, MO ♦ 65802
1-800-467-2487 ♦ 417-268-1000 ♦ 417-268-1001 (fax)
E-mail: apply@agseminary.edu

NON-DEGREE SEEKING APPLICATION

Office Use Only:

Date Rec'd: _____

Semester: _____

INSTRUCTIONS

1. Complete this application and submit with a photograph to AGTS.
2. Distribute the ministerial recommendation form and request that it be sent directly to AGTS.
3. If seeking credit, request an official, certified copy of all post-secondary transcripts be sent directly to AGTS.

Please type or print all information requested and return to the Admissions Office at the address listed above.

BIOGRAPHICAL/ADMISSIONS INFORMATION

a) Name: _____
First Middle Last Nickname

b) Mailing Address:

_____
Street/P. O. Box City State Zip

c) Telephone: Home (_____)_____ Work (_____)_____ Fax or E-mail _____

d) Social Security Number: _____ e) Gender: ❑ Male ❑ Female f) Age: _____

g) Date of Birth: _____ h) Marital status: ❑ Single ❑ Married ❑ Divorced Spouse name: _____

i) Are you an American Citizen? ❑ Yes ❑ No If not, country of citizenship _____ Resident Alien? ❑ Yes ❑ No

j) What do you consider to be your home state? _____ k) Are you a U. S. veteran? ❑ Yes ❑ No

l) What do you consider to be your denominational affiliation? _____

m) Do you hold ministerial credentials? ❑ Yes ❑ No If yes, denomination _____ If A/G, district_____

n) Are you currently a: ❑ pastor? ❑ missionary? ❑ evangelist? ❑ college teacher? ❑ other?

o) Racial/Ethnic Information: ❑ Hispanic/Latino ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White

EDUCATIONAL INFORMATION

List chronologically schools attended after high school:

School	City/State	Dates Attended	Degree	Date Awarded/ Expected

COURSE REGISTRATION

What course(s) do you plan to take through AGTS and at what level? ❑ Credit ❑ Audit

Course _____ Hours ____ Course _____ Hours ____

Have you ever applied for admission to AGTS? ❑ Yes ❑ No If yes, when? _____

Are you currently enrolled in any other school? ❑ Yes ❑ No If yes, where? _____

REFERENCE (Applicable only if seeking course credit)

_____
_____
Name Address City State Zip

SIGNATURE

By signing this form, you certify that to the best of your knowledge all responses on this application are true and correct, and if approved for admission to AGTS you are willing to submit to all the regulations of the Assemblies of God Theological Seminary.

_____
Signature Date

Note: Additional documentation, as outlined in the catalog, will be required if student plans to take more courses or pursue a degree at AGTS.