



ASSEMBLIES OF GOD THEOLOGICAL SEMINARY

1435 N. Glenstone Avenue ♦ Springfield, MO ♦ 65802
1-800-467-2487 ♦ 417-268-1000 ♦ 417-268-1001 (fax)

READMISSION APPLICATION

Office Use Only:	
Date Rec'd:	_____
Fee Paid:	_____
Readmitted:	_____
Semester:	_____
Classification:	_____

INSTRUCTIONS

1. Complete this application and submit with the readmission fee to AGTS.
2. Other documentation, as required by the AGTS Admission Committee, may be required for readmission.

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) Present Mailing Address: _____
Street/P. O. Box City State Zip

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

d) Permanent Mailing Address: _____
Street/P. O. Box City State Zip

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

f) Social Security Number: _____ g) Gender: Male Female h) Age _____

i) Date of Birth: _____ j) Place of Birth _____

k) Marital status: Single Married Divorced Widowed If married, spouse name: _____

l) Are you an American Citizen? Yes No If not, country of citizenship _____

m) Resident Alien? Yes No If yes, INS Admission # _____

n) Are you a U. S. veteran? Yes No If yes, will you apply for educational benefits? Yes No

o) What do you consider to be your home state? _____ p) Denominational affiliation? _____

q) Do you hold ministerial credentials? Yes No If yes, denomination _____

If yes, please check appropriate level and date of credentialing:

Ordained, date _____ Certified, date _____

Licensed, date _____ Other, date _____

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

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

EDUCATIONAL INFORMATION

When did you last attend AGTS? _____

Why did you terminate studies at AGTS? _____

List chronologically schools attended since leaving AGTS and dates of attendance:

School	City/State	Dates Attended	Degree	Date Awarded/ Expected

Reason for seeking readmission to AGTS? _____ Degree you desire to pursue? _____

Date of anticipated reenrollment: Fall _____ Spring _____ Summer _____

SIGNATURE

I certify that to the best of my knowledge all responses on this application are true and correct, and if approved for readmission to AGTS, I am willing to submit to all the regulations of the Assemblies of God Theological Seminary.

Signature Date

PAYMENT INFORMATION

a) How do you plan to pay? Check Visa Mastercard Discover

If paying by credit card, complete the following:

b) Credit Card number: _____

c) Expiration Date: _____

d) Name as it appears on credit card: _____

e) Daytime Phone Number: _____