



Covington Theological Seminary

"TRAINING LEADERS - IMPACTING ETERNITY"

P.O. BOX 176
ROSSVILLE, GA 30741

APPLICATION FOR ADMISSION

OFFICE USE ONLY

Please Check One:

New Applicant

Returning Student Applying for Next Level of Degree/Program
(Need only fill out Personal Data, Program, and Financial Information)

PERSONAL DATA

Name Mr. Mrs. Ms. _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____ Mobile Phone _____

Email Address _____ Gender M F

Social Security # _____ Date of Birth _____

Occupation _____ Employer's Name _____

Single Divorced/Widowed Married Spouse's Name _____

How did you learn about CTS? _____

CHRISTIAN DATA

Church Member of? _____ Date Saved _____ Denomination: _____

Are You A: Pastor Associate Day School Teacher Layperson Other (Specify)

Is the Above: Full-time Part-time Volunteer Are You Licensed? Are You Ordained?

EDUCATION DATA

High School Graduate? GED? Where? _____ Date _____

List all schools attended since High School with earned hours and degrees:

Institution	Hours	Degree
1. _____		
2. _____		
3. _____		

Transcripts: Enclosed Requested to be sent

For Graduation: Hat/Head Size (Nearest 1/4") _____ Height _____

In what program do you desire to enroll with Covington (Check One)

School of Biblical Counseling: Crisis Counseling Marriage/Premarital Specialized Advanced Specialized

Bible Institute Division: General Bible Diploma Graduate in Biblical Studies Graduate of Theology

College Division: Associate in Sacred Literature Associate in Religious Education

Bachelor of Ministry Bachelor of Theology Bachelor of Religious Education

Seminary Division:

Master of Ministry in: Bible Theology Pastoral Studies Music/Worship Biblical Counseling Missions Ethnic Studies

Master of: Religious Education Theology Divinity

Doctor of Ministry in: Bible Theology Pastoral Studies Music/Worship Biblical Counseling Missions Ethnic Studies

Doctor of: Religious Education Theology