

Rhema College of Theology

APPLICATION FOR ADMISSION

***PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION**

Name: _____
 (Last) (First) (M.I.)

Address: _____ Apt#: _____
 (City) (State) (Zip Code)

Email Address: _____

Gender: M ___ F ___ Date of Birth: ___/___/___ Age: ___

Social Security #: ___/___/___

Home Phone#: (___) ___-___ Work#: (___) ___-___ Cell#: (___) ___-___

Place of Birth: _____ County: _____ State: ___ Citizen: ___

ETHNIC GROUP: (CHECK ONE)

White (Non Hispanic) Hispanic Black Native American Asian/Pacific Islander

Other: _____

(Specify)

MARITAL STATUS: (CHECK ONE)

Single Married Widowed Separated Divorced

Spouse's Name: _____ Spouse's Date of Birth: ___/___/___

Name of Children and Date of Birth:

1. _____ DOB: ___/___/___ 2. _____ DOB: ___/___/___

3. _____ DOB: ___/___/___ 4. _____ DOB: ___/___/___

Emergency Contact: _____ Relationship: _____ Ph#: ___-___-___

Local Church Membership: _____
 (Name)

(Location/Address)

Length of Membership: _____ Denomination: _____

Please Check the Appropriate Box that Best Describes Who you are:

PASTOR: YES[] NO[] **ORDAINED MINISTER:** YES[] NO[]

LICENSED MINISTER: YES[] NO[] **LAYMEN:** YES[] NO[]

Ordaining Body: _____

Association: _____ Convention: _____ Congress#: _____

Education

High School Diploma: YES[] NO[] GED: YES[] NO[] College Degree: YES[] NO[]

List all post-secondary schools attended in chronological order ending with the most recent. Official Transcripts must be sent from the school directly to the Rhema College of Theology admissions office. (Transcripts which have been modified by the applicant will not be accepted as official).

Name of School	Location	Date Attended	Degree Awarded

Are you in agreement with the DOCTRINAL STATEMENT OF RHEMA COLLEGE OF THEOLOGY? _____



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List below any personal information that might be pertinent to your application. Include any medical or other conditions which may affect your study at Rhema College of Theology. If you answered "no" to the previous questions, explain any doctrinal disagreement. *(Use a separate sheet if necessary).*

DEGREE YOU ARE APPLYING FOR: (CHECK ONE)

Certificate Associate of Arts Bachelor's Degree Master's Degree Doctorate of Ministry

PROGRAM YOU ARE APPLYING FOR: (CHECK ONE)

Theology Biblical Exposition Biblical Studies Christian Education Adult Bible Studies

Expected date of Enrollment (CHECK ONE)

Fall Session Winter/Spring Session Year 20_____

Application Checklist:

1. A Completed Application
2. Official Transcript
3. \$25.00 Application Fee
4. A Recent Photograph of Yourself
5. A Personal Statement (*)
6. Christian Character Reference Form (**)

*On a separate sheet of paper, please provide a brief, personal statement describing how you became a Christian and give a brief testimony of your background. Include your occupational and ministerial experience and your reason for pursuing study at Rhema College of Theology. (Please type or write legibly)

**The applicant must give the Christian Character Reference Form to those who will submit the form directly to the Seminary.

PLEASE DIRECT THE SUBMISSION OF ALL APPLICATION MATERIAL AND FURTHER CORRESPONDENCE TO:

Rhema College of Theology
102 Ridley St.
Smyrna, TN 37167
Phone: 615.459.9017 Fax: 615-459-8670

I hereby affirm that the above information is accurate and true to the best of my knowledge.

(Signature)

(Date)



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CHRISTIAN CHARACTER REFERENCE

TO THE APPLICANT:

This questionnaire is to be completed by a church leader who is not a relative.

TO BE COMPLETED BY THE APPLICANT

Applicant Name:	
Title/Marital Status: (Circle One)	Dr. Rev. Mr. Miss Mrs.

TO THE LEADER:

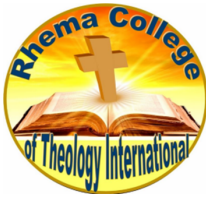
Your comments will be given serious attention and will be regarded as confidential. Please mail this directly to the Office of Admissions, Rhema College of Theology International, 102 Ridley St. Smyrna, TN 37167.

PLEASE DO NOT GIVE THIS FORM BACK TO THE PROSPECTIVE STUDENT. RETURN TO THE ADMISSIONS OFFICE.

- How well do you know the applicant? Only Slightly Casually Fairly Well Quite Well How Long? _____ Years.
- To the best of your knowledge, has the applicant made a personal profession of faith in Jesus Christ? Yes No Unknown
- To what extent has the applicant participated in the activities of the church? _____

- In your estimation, does the applicant exert a good influence on his/her peers? Yes No If not, please explain below.

- Are you aware of any personality traits which hinder the applicant in relationships with others? Yes No If yes, please explain below.



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6. Please comment on any special circumstances, home conditions, health etc., which might prove helpful in considering applicants admission to the college/seminary.

7. Please circle your recommendation of the applicant for admission to Rhema College of Theology International.

Highly Recommended

Recommended

***Recommended with Reservations**

***Not Recommended**

***Please indicate the reason(s) for this recommendation on a separate sheet.**

Print Name: _____ Date: _____

Signature: _____

Church: _____ Position: _____

Address: _____

(Street/P.O. Box)

(City)

(State)

(Zip Code)

Phone number where you can be reached from 9:00 a.m. - 4:00 p.m.

(____) _____ - _____

Office of Admission:

Rhema College of Theology International

102 Ridley St.

Smyrna, TN 37167

Phone: 615-459-9017 Fax: 615-459-8670