

Attach Photo Here

Florida State Seminary
Office of Admissions
2240 Edgewood Drive
Panama City, FL 32405
Phone 1-850-319-3852

APPLICATION FOR: (check one in each column)

- | | |
|--|--|
| <input type="checkbox"/> Campus (Classroom) | <input type="checkbox"/> Auditor (No Credit) |
| <input type="checkbox"/> Satellite (Classroom) | <input type="checkbox"/> Spouse of Full-Time Student (50% reduction) |
| <input type="checkbox"/> Open College (Self-study) | |

BACHELOR, MASTER AND DOCTORAL STUDENTS:

Submit this application with \$100.00 Application Fee
and First Monthly Payment
(See page 3)

1. Name of Dr. Pastor
 Mr. Mrs. Last First Middle Maiden SS# _____
 Miss

Address _____ Tel #: Home(_____) _____
 Street or PO Box Bus. : (_____) _____

_____ City State US Zip Code Country

2. Time Zone: Eastern Central Mountain Pacific Other

3. Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Ethnic Origin (Race) : _____

4. Schools Attended: _____ Dates _____ Degree _____
 (List School, City and State) Major Attended Received

High School: _____

College: _____

Bible College: _____

Other: _____

PLEASE REQUEST ALL ABOVE TRANSCRIPTS BE SENT DIRECTLY TO FLORIDA STATE SEMINARY

5. Circle the degree program for which you are applying:

Complete required Bachelor

Master of Arts

Master of Science

Master of Divinity

Doctor of Ministry

Doctor of Philosophy in Religion

6. Check your one major area of interest. (Doctoral Applicants: Check the area to be pursued in your Major Writing Project).

Counseling

New Testament

Theology

Education

Old Testament

Biblical Studies

Pastoral Ministry/Preaching

Missionary/Evangelism/Church Growth

History

Other _____

7. Why are you seeking this degree? _____

8. Denomination (*please be specific*): _____

If you belong to an independent or non-denominational fellowship, which denomination best represents your beliefs?

9. Church Membership: _____
Name of Church and Pastor

Street or PO Box

City

State

Zip Code

10. Christian Service (*Check One*):

Employed Full-Time

Employed Part-Time (Bi-Vocational)

Actively Serving, but Not Employed

Not Active in Christian Service

Position _____

11. How did you learn of Florida State Seminary? _____

12. In your opinion, how does a person receive salvation?(*use back if necessary*)

TUITION AGREEMENT

By my notarized signature below I am enrolling into the (Circle only one below) program and wish to enter into the NO INTEREST monthly payment plan listed.

Bachelor	Master of Arts	Master of Science	M.Divinity	Doctoral of Ministry	Doctor of Philosophy
\$3000	\$1800	\$1800	\$1800	\$2400	\$2400

I will submit each monthly tuition payment along with my payment voucher provided by Florida State Seminary. Payment may be made by personal check, money order, travelers checks or bank drafts.

I will not send cash.

Payments are due by the 10th of each month. If I fail to keep my monthly payments current, I will be dropped from active student files until all funds are paid up to date. I will not be granted grades, transcripts, degrees, or senior trip until all fees are current. At **any time** during my program, I may choose to pay any remaining tuition in full at a 10 % reduction.

Sign: Full Name

With my seal affixed I verify that the above named individual appeared before me this _____ day of _____ 20____, and read and signed this tuition payment plan agreement of his/her own free will.

Name and Notary Seal