

Broward Theological University, Inc.

Telephone: (954) 585-6001

Application for Admission

Website: www.btu1.org

PLEASE TYPE OR PRINT CLEARLY USING THE SPACE PROVIDED:

Personal Information (Required):

Student ID # (Last 4 of SSN)

First Name:

Middle

Last Name:

Postal Address:

City:

State/Province:

Zip:

Phone (Daytime):

Phone (Evening):

E-mail Address:

DESIRED DEGREE PROGRAM (Check box that applies, degree and program emphasis):

- | | |
|---|--|
| <input type="checkbox"/> 1 Year Diploma | <input type="checkbox"/> 1 Year Diploma in Ministerial Studies |
| <input type="checkbox"/> Associates in Theology | <input type="checkbox"/> 3 rd Year Biblical Studies |
| <input type="checkbox"/> Bachelor of Theology | <input type="checkbox"/> Bachelor of Church Administration |

GRADUATE PROGRAMS

- | | |
|--|--|
| <input type="checkbox"/> Masters in Theology | <input type="checkbox"/> Masters in Chaplaincy |
| <input type="checkbox"/> Masters in Christian Counseling | <input type="checkbox"/> Masters in Church Business Administration |
| <input type="checkbox"/> Masters in Christian Education | <input type="checkbox"/> Doctor of Divinity**** |

****Doctoral Emphasis Only

- | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Ministry | <input type="checkbox"/> Counseling | <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Christian Education |
|-----------------------------------|-------------------------------------|-------------------------------------|--|

Method of Study:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Correspondence |
|------------------------------------|---|

APPLICATION FEE PAYMENT: \$50.00 (NON-REFUNDABLE)

EDUCATIONAL BACKGROUND: High School Diploma

☐

Yes

☐

No

Date: ____ / ____ / ____

Copy Needed

Institution & Location	Degree Award	Major	Date Graduated

Check the appropriate box if you hold any one of the following:

☐

Licensed Minister

Year ____

☐

Ordained Elder/Reverend

Year ____

Name of Pastor:

Telephone #

Church Name:

Letter of Recommendation from Pastor:

☐

Yes

☐

No

OPTIONAL INFORMATION:

This information is requested for the purpose of reporting to the Federal Compliance Agencies in the United States of America only; it does not affect your admission status.

Place of Birth:

Date of Birth:

Marital Status:

☐

Single

☐

Married

☐

Divorced

☐

Widowed

Sex:

☐

Male

☐

Female

Ethnic Origin:

☐

Native American

☐

Black, non-Hispanic

☐

Hispanic

☐

White, non-Hispanic

☐

Other or Unknown

CHARACTER REFERENCES (At least three)

Name:

Telephone #

Name:

Telephone

Name:

Telephone

Date:

Signature: