



SOUTHERN REFORMED COLLEGE & SEMINARY

Application Procedure

I. Prospective student submits the following:

1. A completed Application for Admission form.
2. A non-refundable \$50.00 application fee payable to *Southern Reformed College & Seminary*. **No cash please.**
3. Submit two 1½" x 2" recent photographs (for student ID)
4. Submit 2 character reference forms:
 - A. From pastor or leader/mentor sent directly to Southern Reformed by recommender.
 - B. From someone not a family member sent to Southern Reformed by recommender.
5. A written statement of the applicant's faith.
 - A. Describe your spiritual journey and some of the influential factors that have aided in your spiritual growth. (All Applicants)
 - B. How has God been working in your life to lead you to ministry? (Graduate Applicants)
 - C. What are your vocational goals/objectives after graduation? (All Applicants)
 - D. How do you see seminary preparing you for this work? (Graduate Applicants)
6. Official copy of high school diploma for Bachelor degrees students and official transcripts from all post-secondary educational institutions attended for all students.

All transcripts must be sent from the respective institution directly to:

Southern Reformed Theological College and Seminary
Attention: Registrar
4740 Dacoma Street, Suite H
Houston, TX 77092

Unofficial copies are NOT acceptable.

A letter confirming the submission of the application form is sent with a request for required or additional documents should any of the documents are not submitted.

- II. Once all the above documents are submitted, the application folder is considered complete and the review of the application begins. A letter is sent notifying the applicant of completion of necessary documents.
- III. Admissions committee convenes to evaluate the student and his/her work.
- IV. A letter of acceptance or decline is sent with Student Handbook, Class Registration Form, and Scholarship Form.



SOUTHERN REFORMED COLLEGE & SEMINARY

Application for Admission

Degree Sought

Enrollment Year: _____ Term: Spring Summer Fall

Certificate Associate of Arts Bachelor of Arts
____Art Counseling _____Worship Arts _____Biblical Studies

Master of Arts Master of Divinity Special

Personal Information

Name: _____ Gender: Male Female

Date of Birth ____ / ____ / ____ Place of Birth _____

Address _____ City _____ State _____ Zip _____

Phone () _____ E-mail _____

Marital Status (MDiv Only): Single Married Divorced Remarried Separated Widowed

Country of Citizenship: _____ Church Office Held: _____

Denomination _____ Home Church _____

Academic History

High School/College/Grad School	Location	Dates Attended	Degree Earned

Continue on back page as needed

I certify that the information provided in all parts of this application is true and accurate to the best of my knowledge.

Signature _____ Date _____



Reference Evaluation

Student Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Instruction to the Reference

The student named above has applied for admission to Southern Reformed College and Seminary and requested that you give an evaluation. We would be grateful if you would give your frank opinion of applicant by responding to the questions below.

Assessment of Applicant's Abilities (Continue on back page as needed)

How long have you known the applicant and in what context ? _____

	Inadequate	Doubtful	Adequate	Above Average	Exceptional
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Instinct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotion. Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gift for Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further Comments: _____

Your Name (Printed) _____ SRTCS Alumni? Yes No

Position/Title _____

Signature _____ Date _____

Recommender to send directly to:

Southern Reformed College & Seminary
4740 Dacoma Street, Suite H, Houston, TX 77092



Reference Evaluation

Student Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____ Country _____

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