# Roanoke Theological Seminary

#### POST OFFICE BOX 2362

ELIZABETH CITY, NORTH CAROLINA 27906

#### APPLICATION FOR ADMISSSION

Please complete this form in FULL. It is important that you be neat and accurate. Please Print or Type all information, except signature. Semester/Year you plan to enroll: \_\_\_\_\_Fall 20\_\_\_\_\_ Spring 20\_\_\_\_\_ Program of Interest (check one): \_\_\_\_\_ Master of Theology \_\_\_\_\_Bachelor of Divinity \_\_\_\_\_Associate Degree: Pastoral Ministries \_\_\_\_\_Associate Degree: Educational Ministries SSN:\_\_\_\_\_ Date of Birth\_\_\_/\_\_\_ Male \_\_\_Female\_\_\_ Name: \_\_\_\_\_\_ Address: \_\_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_ *Zip Code:* \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_\_ Church Membership: \_\_\_\_\_\_ Address: \_\_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_ *Zip Code*\_\_\_\_\_ *Phone:* \_\_\_\_\_\_ Pastor Name: \_\_\_\_\_\_ Date of Ministerial License:\_\_\_\_\_\_ Date of Ordination:\_\_\_\_\_

Applicant's Signature:\_\_\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_\_

## Previous Education

High School Name:			
Location:			
Date Completed:	/	/	
	(or)		
GEDIs	suing School or A	lgency	
Date:	/	/	
	<u>Religious I</u>	<u> Training</u>	
School:			
Locatíon:			
DatesAttended:			
Degree/Díploma/ Ce			
	<u>College or U</u>	<u>Iníversíty</u>	
Name:			
		Date:	
Name:			
Degree:		Date:	

### <u>Degree(s) Overview</u>

The Master of Theology is a two-year Program. Requirements: You must have an earned Bachelor's Degree to enroll in this program, the cost is \$650.00 per semester.

The Bachelor of Divinity is three-year Program; the cost for this program is \$500.00 per semester. Requirements is an Associate Degree.

The Associate Degree: Pastoral Ministries and The Associate Degree: Educational Ministries; each are one year and ½ Programs. The cost for these programs each is \$300.00 per semester. Requirements for this program is a High School Diploma or GED.