



# CERTIFICATE PROGRAM APPLICATION FORM

Fall \_\_\_\_\_  Spring \_\_\_\_\_

Please select intended starting semester (include year)

DESIRED PROGRAM:  CERTIFICATE TRACK CERTIFICATE GRANTING TRACK  NON-CERTIFICATE TRACK PERSONAL ENRICHMENT  Auditor / Special / Other Please specify \_\_\_\_\_

AREA OF CONCENTRATION:  Theological Studies in English/Korean/Spanish (circle language preference)  Expository Preaching  Gospel Music  Ministry Studies  Youth & Young Adult Ministries

CAMPUS PREFERENCE:  NJ Campus: 35 Seminary Place, New Brunswick, NJ 08901  NY Campus: St. John's University 8000 Utopia Parkway Jamaica, NY 11439

RETURNING STUDENT:  Yes, Year(s) attended: \_\_\_\_\_

## APPLICATION INFORMATION

TITLE LAST FIRST M.I. TODAY'S DATE  
EMAIL ADDRESS DATE OF BIRTH  
STREET CITY STATE ZIP  
( ) ( ) ( )  
HOME TELEPHONE: WORK TELEPHONE CELLULAR TELEPHONE

## EDUCATION

(PLEASE CIRCLE HIGHEST LEVEL COMPLETED)

HIGH SCHOOL DIPLOMA/GED	COLLEGE: 1 2 3 4	GRADUATE SCHOOL
High School Name Year Completed/Date GED Received	College/University Name	University Name
Degree Received/ Concentration	Degree Received/Concentration	Degree Received/Concentration

FOR ADMISSION IN THE CERTIFICATE PROGRAM PROOF OF A HIGH SCHOOL DIPLOMA OR GED IS REQUIRED

## DENOMINATION

NAME OF DENOMINATION/CONFERENCE IF RCA, CLASSIS:  
HOME CHURCH PASTOR'S NAME  
STREET CITY STATE ZIP

THIS DATA SHALL REMAIN CONFIDENTIAL AND MAY BE USED SOLELY FOR THE PURPOSE OF STATISTICAL REPORTING. THE FOLLOWING INFORMATION IS VOLUNTARY.

RACE:  Non-Resident/Alien  Black, Non-Hispanic  American Indian/Alaska Native  Asian/Pacific Islander  Hispanic  White, Non-Hispanic  Other: \_\_\_\_\_

GENDER:  Male  Female

# **CERTIFICATE PROGRAM**

## **ADMISSION REQUIREMENTS**

### **CERTIFICATE TRACK**

Students who wish for their courses to count towards the completion of a Certificate in their chosen area of concentration must complete and submit the following to the Director of the Certificate Program:

- Completed Application form;
- Copy of High School Diploma or GED;
- One page autobiography/spiritual journey to include your reason for pursuing the Certificate in their chosen area of concentration;
- One letter of recommendation from a minister/supervisor from your home church. The letter of recommendation should speak to the candidate's ability for academic work, overall character, and capacity for leadership in a Christian community;
- A tuition deposit of \$250, payable to New Brunswick Theological Seminary, must accompany this application.

### **PERSONAL ENRICHMENT / AUDITING (NON-CERTIFICATE TRACK)**

Students who wish to take a course without pursuing a Certificate in their chosen area of concentration may do so by completing and submitting the following:

- Completed Application form;
- One page autobiographical/spiritual journey;
- Payment in full of tuition and fees before admission to class.

For more information, visit: <http://www.nbts.edu/academics/certificate-programs/>

### **TUITION AND FEES**

---

<b>REGISTRATION FEE</b> (PER SEMESTER)	<b>\$50.00</b>		
<b>COURSE TUITION</b> (PER COURSE PLUS REGISTRATION FEE)	<b>\$300.00</b>	<b>PARKING TAG</b> (VALID FOR THE ENTIRE ACADEMIC YEAR)	<b>\$15.00</b>
<b>LATE REGISTRATION</b> (APPLIES AFTER FIRST CLASS SESSION)	<b>\$30.00</b>	<b>RETURNED CHECK FEE</b>	<b>\$40.00</b>
<b>AUDITING FEE</b> (PER COURSE PLUS REGISTRATION FEE)	<b>\$150.00</b>	<b>TRANSCRIPT COPY</b>	<b>\$ 5.00</b>

---

Please submit all forms and payments to:

**OFFICE OF ADMISSIONS**  
**CERTIFICATE PROGRAM**  
New Brunswick Theological Seminary  
35 Seminary Place  
New Brunswick, NJ 08901-1196

**Certificate in Theological Studies  
Minister/Supervisory Recommendation**

**TO THE APPLICANT:** Please provide the information requested on the top of the form, then give the form to the person giving you a reference, along with a stamped envelope addressed to the following:

Office of Admissions  
New Brunswick Theological Seminary  
35 Seminary Place  
New Brunswick, New Jersey 08901

Name of Applicant \_\_\_\_\_

Person writing recommendation \_\_\_\_\_

I hereby  **WAIVE**  **DO NOT WAIVE** my right to access to this recommendation in the event that I become a student at the institution and am accorded this right.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's email \_\_\_\_\_

---

Please comment briefly below indicating the ways in which you know the applicant and the relationship that has formed the basis of your judgment. We will appreciate your candid evaluation of the applicant's intellectual ability, maturity, sense of responsibility, character, emotional stability, and any other factors that may determine readiness for graduate study in Theology and effectiveness in a position of leadership in ministry.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Title/Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_