



CONTINUING EDUCATION 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: Continuing Education

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
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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 | | GENDER |
| <input type="checkbox"/> Non-Resident/Alien | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Male |
| <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Female |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White, Non-Hispanic | |
| | <input type="checkbox"/> Other: | |

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)/ CONTINUING ED

Students who wish to take a course without pursuing a Certificate 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

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

Please submit all forms and payments to:

OFFICE OF ADMISSIONS
CERTIFICATE AND CONTINUING EDUCATION PROGRAMS
New Brunswick Theological Seminary
35 Seminary Place
New Brunswick, NJ 08901-1196