



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 /Spanish (circle language preference)

Expository Preaching Gospel Music Women's Studies

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:	

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 \$100, 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

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

Please submit all forms and payments to:

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