

FIRST NAME		MIDDLE (BIRTH FAMILY NAME)		LAST		SOUTHERN ID																					
BIRTH DATE		EMAIL			PHONE																						
MAILING ADDRESS					Year ^(Summer, Fall, Winter) you are applying for:																						
CITY		STATE	ZIP CODE		Credit or audit? <input type="radio"/> for academic credit <input type="radio"/> for audit																						
Please indicate the degree and emphasis you are seeking: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> MASTER OF MINISTRY <input type="radio"/> Church Leadership and Management <input type="radio"/> Evangelism and Ministry <input type="radio"/> Biblical Counseling </td> <td style="width: 50%; vertical-align: top;"> MASTER OF ARTS <input type="radio"/> Old Testament Studies <input type="radio"/> New Testament Studies <input type="radio"/> Religious Studies </td> </tr> </table>								MASTER OF MINISTRY <input type="radio"/> Church Leadership and Management <input type="radio"/> Evangelism and Ministry <input type="radio"/> Biblical Counseling	MASTER OF ARTS <input type="radio"/> Old Testament Studies <input type="radio"/> New Testament Studies <input type="radio"/> Religious Studies																		
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Please indicate the courses you plan to take: <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">COURSE NUMBER</th> <th style="text-align: left;">COURSE NAME</th> <th style="text-align: left;">CREDITS</th> <th style="text-align: left;">COURSE DATES</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>								COURSE NUMBER	COURSE NAME	CREDITS	COURSE DATES	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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I assume financial responsibility for any unpaid balance on my Southern Adventist University account.																											
STUDENT SIGNATURE _____				DATE _____																							

CONFERENCE AUTHORIZATION		
I confirm that this student is an employee (part or full time) of the _____ Conference and authorize Southern Adventist University to apply a tuition waiver in harmony with its policies.		
AUTHORIZING CONFERENCE OFFICIAL _____	TITLE _____	DATE _____
Please keep one copy for your records, send one copy to the student, and submit this form to the Graduate Studies Office.		