

# Application for Readmission

School of Theology



Please complete this form in its entirety. Do not leave any blanks. For those sections that do not apply to you, please indicate this by stating "Does not apply." If more space is required, please attach additional sheets. Send completed form to: Office of student Development, Anderson University School of Theology, 1100 E 5th St., Anderson, IN 46012-3495.

## PERSONAL INFORMATION

Name \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Home Address \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

E-mail \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In what year were you initially accepted to the Anderson University School of Theology? \_\_\_\_\_

What was your reason for leaving Anderson University School of Theology or for not attending at the time of your initial acceptance? \_\_\_\_\_

Have you attended any other graduate schools since leaving Anderson University School of Theology?

Yes, I did attend another school. (Complete this section of the form)

No, I have not attended another school. (Skip to next page)

If you have attended or are currently attending another graduate school, what is the name and address of that school?

NAME OF SCHOOL ADDRESS

CITY STATE ZIP CODE

Are you currently enrolled in this school?  Yes  No How many hours are you pursuing? \_\_\_\_\_

Which semesters did you attend that school? Beginning semester/year \_\_\_\_\_ Ending semester/year \_\_\_\_\_

How many hours do you intend to transfer to Anderson University School of Theology? \_\_\_\_\_

Is your transcript from that institution on file at Anderson University School of Theology?

Yes  No (please answer the two questions below)

1. Have you requested our "Information on Transfer Student" form?  Yes  No

2. Have you requested your official transcript be sent tot the School of Theology?  Yes  No

Are you eligible to return to that institution?  Yes  No (Please state the reason below, noting conditions for re-enrollment.)

# Application for Readmission, *continued*

School of Theology



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## PLEASE COMPLETE THIS SECTION IN ITS ENTIRETY

**For what term are you applying?**     Sem. I (*Aug.*)     Sem. II (*Jan.*)     Summer    Year \_\_\_\_\_

**What will your enrollment status be your first term?**     Full time (*12+ hrs / 9hrs for online*)     Part time (*5-11 hrs*)  
 Less than 5 hrs

**Which degree do you intend to pursue?** (*Check only one*)

- MDiv     MTS Thesis     MTS General/NonThesis  
 MA in Intercultural Service     Online MA in Christian Ministry

**Specialization in:**     Pastoral Ministry     Student Ministry     Preaching

**Check to request a current catalog to be sent to your listed address on this form**

I have completed this form to the fullest of my abilities. I understand that Anderson University School of theology will use this form for the readmission process. I agree to be available for clarification of my answers or further discussion, if necessary.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*The mission of Anderson Univeristy School of Theology is to form women and men for the ministry of biblical reconciliation.*