



Jackson Theological Seminary

Application for Admission

Please check all that apply:

Enrollment Year 20_____

- ☐ Fall Semester (Aug-Dec)
☐ Spring Semester (Jan-May)
☐ Summer I (May-Jun)
☐ Summer II (Jul-Aug)

Degree Seeking - Check one

- ☐ Bachelors of Arts in Biblical Studies
☐ Masters of Divinity

My enrollment status at the College will be:

- ☐ First enrollment at any college or university
☐ Transfer from another college or university
☐ Returning, former JTS student
☐ Previously applied, but did not attend
☐ Transient (taking courses while currently enrolled at another institution)
☐ Special Student (non-degree seeking)

Please type or print clearly and complete all sections. Incomplete applications will not be processed.

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Maiden Name: _____

Name: _____ Social Security Number: _____
Last First Middle

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City State County Country of Citizenship

Permanent Address: _____
Street City State Zip Code

County: _____ Country: _____ Email Address: _____

Telephone: _____
(Area Code) Cell Phone Number (Area Code) Home Phone Number

Emergency Contact: _____ Relationship to you: _____ Telephone: _____
Last First (Area Code) Phone Number

REFERRAL SOURCE: ☐ Recruiting Event ☐ Billboard ☐ Radio/TV ☐ Referral ☐ Walk-in ☐ Campus Event ☐ Alumni ☐ Other: _____

RACE AND ETHNICITY IDENTIFICATION

These questions comply with the U.S. Department of Education's implementation of the Office of Management and Budget's 1997 standards for maintaining, collecting, and presenting federal data on race and ethnicity. Information requested in this section regarding race or ethnicity is voluntary and will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

Gender: ☐ Male ☐ Female ☐ Other Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

Are you a veteran? ☐ Yes ☐ No If yes, military branch: _____

Do you receive veteran's benefits? () Yes () No I am a dependent or spouse of an U.S. active duty service member? () Yes () No

Ethnic Origin: Check all that apply

() Black/African American () Non-Hispanic/Non-Latino () American Native/Alaskan Native
() Hispanic/Latino () White/Caucasian () Multiracial
() Asian () Native Hawaiian or Other Pacific Islander

Resident Status: Check one

() U.S. Citizen () Resident Alien () Non-Resident Alien () Other (please specify) _____

Religious Affiliation: _____

EDUCATIONAL INFORMATION

Did you receive a high school diploma? () Yes () No Did you receive a GED? () Yes () No If yes, state GED received in _____

High School Attended:

Name of School	City	State	Zip Code	Graduation Date
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Have you ever attended any other colleges/universities? () Yes () No

Name of College/University	City	State	Dates Attended	Graduation Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STUDENTS with DISABILITIES

Are you disabled or have a special need? () Yes () No If yes, please specify the need: _____

Will you require educational accommodation(s)? () Yes () No If yes, please specify the accommodation(s): _____

STUDENT SIGNATURE

I certify that the statements made in this application are accurate and complete to the best of my knowledge. If admitted, I agree to comply with the rules and regulations of the College. I understand that falsification or failure to provide full documentation may result in the cancellation of my admission and/or dismissal from the College.

Signature _____

Date _____

Required Documents for Admissions

- Completed "Application for Admissions"
- Official high school and college transcript with graduation date listed or proof of GED
- Official ACT, SAT, Compass or Accuplacer test scores. (Note: The Accuplacer test may be taken on campus prior to being fully admitted.)
- Copy of immunization record, to include proof of two measles, mumps and rubella (MMR) vaccines (if born after 1/1/1957)
- Writing sample: Give in no less than 500 words your statement of faith.
- Two reference letters from none family members, from a professional and personal reference
- \$50.00 application fee

Mail completed applications to: Office of Admissions | Jackson Theological Seminary | 520 South Locust Street | North Little Rock, AR 72114.

Please feel free to contact our office at (501) 374-6305, ext. 113 or visit our website at www.jtseminary.org.

Jackson Theological Seminary is an equal educational opportunity institution; its students, faculty, and staff members are selected without regard to age, race, color, creed, gender, disability, handicap, sexual orientation, veteran status or national origin, consistent with the Assurance of Compliance with Title VI of the Civil Rights Act of 1964.