
CONTINUING EDUCATION APPLICATION INSTRUCTIONS

1. Complete the application form
2. Submit a \$35.00 application fee
3. Select the admission term:
 Fall Yr. _____
 January Yr. _____
 Spring Yr. _____
 Summer Yr. _____
4. Select the CEU program:
 Certificate in Local Church Ministry
 Continuing Education Credit
 Continuing Education e-4 Learning
 Alumni Continuing Education
 Senior Citizen Continuing Education



ERSKINE
THEOLOGICAL SEMINARY
For Christ and His Church

PERSONAL INFORMATION

Legal Name _____

Home Address _____

Home Telephone Number _____ E-Mail Address _____

Date of Birth _____ Social Security No. _____

Have you earned a Bachelor's Degree? Yes No If so, please list the institution _____

The following information requested is optional and is not required for an admissions decision. Please check all that apply.

Applicant Status: New Student

Returning Student

Gender: Male

Female

Ethnic Group: American Indian Asian or Pacific Islander Black, African-American Hispanic

Multiracial

White

Other _____

Marital Status: Single

Married

Widowed

CHURCH RELATIONSHIPS

Exact name of your denomination _____

Name of your local congregation _____

Name of your Presbytery, Conference, or Association _____

Are you an ordained minister? _____

Do you currently serve in a church? If so, identify your church and describe the capacity in which you serve. _____

Signature: _____ Date: _____

By my signature, I hereby certify that the information listed above is factual and true. I further indicate my willingness to be a part of the Erskine Seminary community and indicate my willingness to conform to the standards of conduct as stipulated in the *Catalog* and *Student Handbook*.

Please return the completed form to:
Admissions Office, Erskine Theological Seminary
Post Office Box 668
Due West, South Carolina 29639