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## CONTINUING EDUCATION APPLICATION INSTRUCTIONS

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**ERSKINE**  
**S E M I N A R Y**

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

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## PERSONAL INFORMATION

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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

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## CHURCH RELATIONSHIPS

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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**