

JACKSONVILLE BAPTIST THEOLOGICAL SEMINARY

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South Florida Learning Center

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APPLICATION FOR ADMISSION

Full Name (please print) _____

Address _____

Street

City

State

Zip

Home Phone _____ Other Phone _____ e-Mail _____

Age _____ Date of Birth _____

Social Security Number (Last 4 digits) _____

Marital Status _____ Spouse's Name (if applicable) _____

Emergency Contact Name and Number _____

Occupation _____

Graduated from what high school & date _____

College attendance _____

When and where you were saved _____

Your Local church and address _____

List any Christian service _____

Degree Program desired _____

Print your name as you wish it to appear on our official records:

I have read the catalog and state that all the above information is true. I will abide by the rules of Jacksonville Baptist Theological Seminary.

Signature Date

Please enclose the one-time application fee of \$50.00 and two letters of character reference.