

MISSISSIPPI BAPTIST SEMINARY AND BIBLE COLLEGE  
 An Undergraduate/Graduate Theological School  
 3160 J. R. Lynch Street  
 Jackson, Mississippi 39209  
 769.233.8089



APPLICATION FOR ADMISSIONS

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Last) (First) (Middle) Mo/Day/Year

2. Present Address: \_\_\_\_\_  
 (Street or Box) City & State Zip code

3. Permanent Address: \_\_\_\_\_  
 (Street or Box) City & State Zip code

4. Phone Numbers: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

5. E-Mail: \_\_\_\_\_ 6. Social Security Number: \_\_\_\_\_

7. Birth Date: \_\_\_\_\_ 8. Employment: \_\_\_\_\_

9. Official Name of your denomination \_\_\_\_\_

10. List all colleges, universities, graduate schools (seminaries and others) attended:

Institution	Dates Attended	Dates Graduated	Degree	Honors

Institution	Dates Attended	Dates Graduated	Degree	Honors

Institution	Dates Attended	Dates Graduated	Degree	Honors

11. Undergraduate: Major \_\_\_\_\_ Minor: \_\_\_\_\_ No. of hours completed \_\_\_\_\_

12. Graduate: Major \_\_\_\_\_ Minor: \_\_\_\_\_ No. of hours completed \_\_\_\_\_

13. High School \_\_\_\_\_ Date of graduation \_\_\_\_\_  
 (name) (City & State)

*(continued on other side)*

**MISSISSIPPI BAPTIST SEMINARY APPLICATION FOR ADMISSIONS**

14. Degree Program(s) for which you are applying:

- Associate of Religious Education
- Associate of Divinity
- Bachelor of Religious Education
- Bachelor of Theology
- Master of Divinity
- Master of Arts in Biblical Counseling
- Master of Arts in Biblical Studies
- Master of Arts in Christian Education
- Application for non-degree (Certificate) program \_\_\_\_ Biblical Studies \_\_\_\_ Christian Education

**Note:** Full time enrollment constitutes at least 12 semester hours; part-time enrollment constitutes less than 12 hours

15. Expected Site Enrollment Date: (Semester/Year): \_\_\_\_\_

16. Which Extension you expect to enter?: \_\_\_\_\_

17. Have you previously applied to the Mississippi Baptist Seminary & Bible College?  No  Yes  
If Yes, Give Dates and Extension: \_\_\_\_\_

18. FOR ALL DEGREE ALLPICANTS:

You are responsible for contacting references to request that a letter of recommendation be sent to the Mississippi Baptist Seminary and Bible College at the address below. List the names, complete address and zip codes of your pastor, one personal reference and one academic reference from College/Graduate School. Please fill out the top portion of all three reference forms included in this packet and sign in the space provided. Distribute the forms to the appropriate references, instructing them to return the forms directly to Mississippi Baptist Seminary and Bible College.

Pastor: \_\_\_\_\_

Name	Street & Number	City and State	Zip Code
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Personal: \_\_\_\_\_

Name	Street & Number	City and State	Zip Code
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Academic: \_\_\_\_\_

Name	Street & Number	City and State	Zip Code
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**APPLICATION FEE:** A non-refundable application fee of **THIRTY-FIVE (\$35.00)** is required with each application. A person registering **after the registration deadline is required to pay a \$20.00 late fee.** Please make check payable to the Mississippi Baptist Seminary and Bible College and include it with the Application for Admissions form.

**RETURN TO:** Office of the Registrar  
Mississippi Baptist Seminary and Bible College  
3160 J. R. Lynch Street  
Jackson, MS 39209

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_