

BOULDEN SEMINARY
of the
UNION AMERICAN METHODIST EPISCOPAL CHURCH, INC.

3101 North Market Street
Wilmington, DE 19802
(302) 764-0994
FAX (302) 764-6223

REGISTRATION FORM

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
S.S. # _____ DATE OF BIRTH _____
TELEPHONE # (_____) _____ CELL PHONE # (_____) _____
EMAIL ADDRESS _____
CHURCH AFFILIATION _____
NAME OF PASTOR _____
HIGH SCHOOL _____
ADDRESS _____
DATE OF GRADUATION _____ OR YEARS ATTENDED _____

Please list all seminaries/Bible schools/colleges you have attended. If additional space is needed, please list on another sheet.

NAME _____ CREDIT HRS. _____ DEGREE _____
ADDRESS _____

NAME _____ CREDIT HRS. _____ DEGREE _____
ADDRESS _____

NAME _____ CREDIT HRS. _____ DEGREE _____
ADDRESS _____

NAME _____ CREDIT HRS. _____ DEGREE _____
ADDRESS _____

Please indicate your specialized training. If additional space is needed, please list on another sheet.

TYPE of TRAINING	NAME & ADDRESS of SCHOOL
_____	_____
_____	_____
_____	_____

Please list the names and addresses of two personal or professional references.

NAME _____
ADDRESS _____
NAME _____
ADDRESS _____

I fully understand that the admission process and all of the work at Boulden Seminary is based on the honor system. I also understand that acceptance to Boulden Seminary is based on the information supplied in this application. All statements are absolutely true, to the best of my knowledge.

I understand that all fees must be paid by the end of each semester, before any grades and credits can be issued.

I hereby make application for enrollment in Boulden Seminary, Inc. My non-refundable application fee of \$75.00 has accompanied this application. When you register for your first course(s) this fee will be applied to your course registration fee.

SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

Date Received _____ Application Fee _____
Accepted _____ Rejected _____
Registrar's Signature _____