



APPLICATION FOR ADMISSION

Complete this application and send it with a \$20.00 application fee to the Office of Enrollment Services at the address below. Additional information may be requested.

General Information

Enrollment Date: Fall Spring Summer Year _____

Student Status: Non-degree (for credit) Visiting Student (for credit) Audit Student (not for credit)

Name _____

Mailing Address _____

Permanent Address _____

City _____ State _____ Zip _____

E-mail Address _____

Home Phone (_____) _____ Work Phone(_____) _____

Social Security Number: _____ - _____ - _____ Marital Status Single Married Other

Date of Birth _____ Place of Birth (City) _____ State _____

Are you a U.S. Citizen? Yes No If not, what is your immigration status? _____

Are you a veteran? Yes No What/Who influenced you to apply to Simpson? _____

Have you ever been convicted of a criminal or civic offense (other than a minor traffic violation)? Yes No

If yes, please explain _____

Have you ever been denied admission to or been disqualified from any school for academic or disciplinary reasons? Yes No If yes, please explain _____

Academic Information

Name of college or university from which you received your B.A. or B.S. degree: _____

Date of graduation: _____ Major: _____

List all colleges or universities attended, beginning with the most recent:

College/University	Location	Attendance Dates	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Christian Experience

Name of church you currently attend: _____ Denomination: _____

Address of the church: _____ City: _____ State: _____ Zip: _____

Length of attendance: _____ Are you a member? Yes No Pastor's name: _____

Have you accepted Jesus Christ as Savior? Yes No When? _____

Full-Time Vocational Ministry Experience

Type of Ministry	Place of Ministry	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Please give the following information for those who will be providing a reference for your admission. Please do not give names of relatives as references. School officials, employers, church leaders, professors, and business people are preferred.

1. Name: _____ Position/Title: _____
Address: _____ Company/Institution: _____
Home Phone: (_____) _____ - _____ Work (alternate) Phone: (_____) _____ - _____

Simpson University is affiliated with The Christian and Missionary Alliance and is accredited by the Western Association of Schools and Colleges (WASC). Simpson considers applications from all persons desiring to enter the A.W. Tozer Theological Seminary regardless of race, gender, age, handicap, and national or ethnic origin.

CERTIFICATION

Auditing students are required to express their sympathy for the philosophy of A.W. Tozer Theological Seminary and to abide by the lifestyle expectations of the Seminary while on campus or representing or participating with the Seminary in other activities. The Seminary's lifestyle expectations are detailed in the A.W. Tozer Theological Seminary Catalog Supplement. Included are requirements that students refrain from use of alcoholic beverages, tobacco and non-medicinal narcotic or hallucinogenic drugs.

"I certify that the information given in the application is true. I agree to abide by the lifestyle expectations of the Seminary while on campus or participating with the Seminary in other activities."

Applicant's Signature Date

A.W. Tozer Theological Seminary is a recognized seminary of The Christian and Missionary Alliance and welcomes qualified non-degree applicants regardless of race, color, gender, age, disability and national or ethnic origin.

A.W. Tozer Theological Seminary
Office of Enrollment Services, 2211 College View Drive, Redding, CA 96003-8606
Website: www.simpsonu.edu Email: tozeradmissions@simpsonu.edu
530-226-4606 or 800-598-2493 FAX: 530-226-4861

FOR OFFICE USE ONLY

ID# _____ LEVEL _____ COUNSELOR CODE _____ R'CVD _____ ENTERED _____