



**Concordia Theological Seminary**

Registrar's Office  
6600 N. Clinton St.  
Fort Wayne, IN 46825-4996  
Phone: (260) 452-2153  
Fax: (260) 452-2285

**SPECIAL STUDENT APPLICATION**

Please type, or print in ink, all information. The form must be completed in every detail. Answer "n/a" for all items that do not apply to you. A NON-REFUNDABLE fee of \$35 is to accompany this form. Your check or money order should be made payable to: Concordia Theological Seminary.

*"It is the policy of Concordia Theological Seminary not to exclude, expel, limit or otherwise discriminate against an individual seeking admission as a student in terms of conditions and privileges of Concordia Theological Seminary because of race, color or natural origin."*

For the complete text of the Non-Discrimination Policy Statement, see the current catalog ([www.ctsfw.edu/AcademicCatalog](http://www.ctsfw.edu/AcademicCatalog)). The policy of The Lutheran Church—Missouri Synod and its seminaries is to admit only men to programs leading to ordination.

**PERSONAL INFORMATION**

**Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First (full) Middle (full) Last

**Address** \_\_\_\_\_  
Street and No., Box, Route City State Zip Code

**Telephone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birth Place** \_\_\_\_\_  
Month / Day / Year City State Country

**Country of Citizenship** \_\_\_\_\_ If other than U.S.A., please indicate your status below.  
 Immigrant/Permanent Resident  Student Visa (F-1)  Other \_\_\_\_\_

**Email address** \_\_\_\_\_ **Spouse's Name** \_\_\_\_\_

**Sex:**  Male  Female **Marital Status:**  Married  Divorced  Single  Widow/er **No. of Children** \_\_\_\_\_

*The following two questions are federally mandated by the U.S. Department of Education for federal government reporting requirements (for statistical purposes only). They are not factored in admissions decisions.*

**Are you Hispanic or Latino?**  Yes  No

**What is your race/ethnicity? (Select all that apply.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**CHURCH MEMBERSHIP INFORMATION**

**Religion:** Denomination \_\_\_\_\_ Synod \_\_\_\_\_ District \_\_\_\_\_  
Name of Congregation \_\_\_\_\_ City/State \_\_\_\_\_

## EDUCATIONAL INFORMATION

List below the information requested for all the colleges you have attended and for the one in which you are presently enrolled.

<u>College/University/Seminary</u>	<u>Location</u>	<u>Dates of Attendance</u>	<u>Degree/Major/Year Received</u>
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Note: The Registrar's Office must be supplied with an OFFICIAL COPY OF YOUR BACCALAUREATE TRANSCRIPT.

**Quarter you wish to enter:**    Winter 20\_\_\_\_    Spring 20\_\_\_\_    Summer 20\_\_\_\_    Fall 20\_\_\_\_

**Indicate your intended status:**    Full-time    Part-time

For what purpose do you wish to attend Concordia Theological Seminary?

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*I understand that in reviewing my application, Concordia Theological Seminary (CTS) will receive from other individuals and organizations information and materials relating to my personal, academic and professional background. I agree that this application and all of its enclosures are the property of CTS, and I waive the right to inspect this material if I am denied admission to the program. If I am granted admission to the program, the Family Education Rights and Privacy Act (FERPA) will govern my rights of inspection.*

*I also authorize the Registrar's Office of CTS to release, as it deems appropriate, my quarterly grade reports and/or cumulative G.P.A. during the time I am a student at CTS to agencies, institutions or others involved in providing funds for my education. I agree to abide by the policies, rules and regulations of CTS.*

I certify that all information on this application and other materials provided for admission are accurate, complete and true. I understand that withholding information or giving false information on this application or other materials provided for admission will make me ineligible for admission to CTS and/or result in termination of enrollment at CTS.

**THIS APPLICATION IS VALID FOR TWO YEARS FROM THE SIGNED DATE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_