

Scofield Biblical Institute and Theological Seminary

Application for Admission
P.O. Box 48
Hart, MI 49420
(application fee \$50.00)

Name (Last, First, Middle)

SSN#

E-Mail

Gender: Male Female

Date of Birth

Citizenship: US Other

Address:

City:

State:

Zip Code:

Phone:

Occupation:

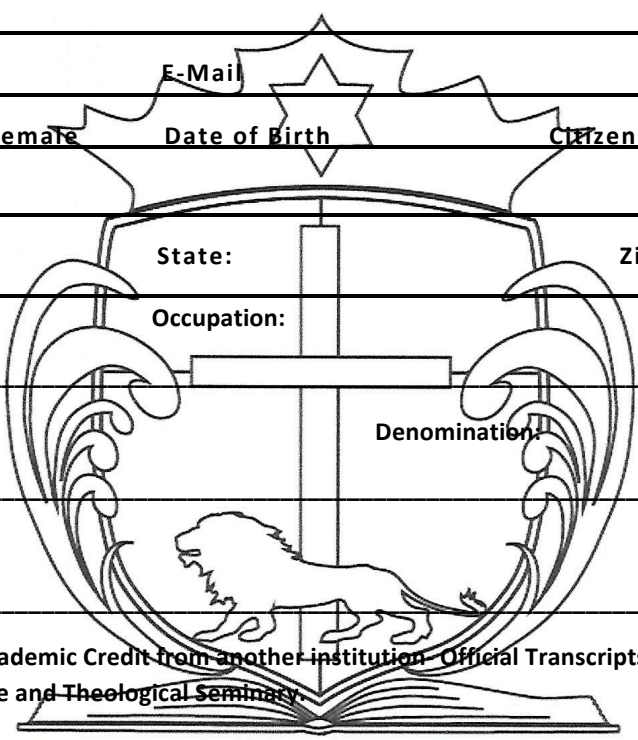
Church Name:

Denomination:

Degrees Held:

Advance Standing Academic Credit from another institution Official Transcripts must be sent directly to Scofield Biblical Institute and Theological Seminary.

Exact Name (to appear on Degree)



Scofield Biblical Institute

Degree Programs:

(emphasis) Theology Ministry Biblical Studies Jewish Studies

Apologetics Apologetics in Creationism Christian Counseling

Graduate Degree

Master of Ministry Master of Biblical Studies Master of Arts in Jewish Studies

Master of Apologetics Master of Apologetics in Creationism Master of Divinity

Master of Theology Master of Theological Studies

Doctoral Degree

Doctor of Ministry Doctor of Religious Education Doctor of Apologetics Ph.D.

Doctor of Theological Studies Doctor of Religious Studies Doctor of Theology

Doctor of Philosophy Jewish Studies

Non-Degree Student

Payment Options:

Make Checks Payable to: "Theology in Perspective, Inc." (write in memo "Scofield")

Check Money Order Credit Card (PayPal = Daniel.woodhead@scofieldinstitute.org) for details.

COURSE SIGN – UP ORDER FORM

Course Number	Course Title	Course Fee
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_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Scofield Biblical Institute

Total \$ _____

Signature: _____ Application completed yes no

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