

Scofield Graduate School and Theological Seminary

Application for Admission

1483 Mable Ave.

Modesto, CA 95355

(application fee \$50.00)

Name (Last , First, Middle):			
SSN#:		e-mail:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other: _____
Address:			
City:		State:	Zip Code:
Phone:		Occupation:	
Church Name:		Denomination:	
Degrees Held:			
Advance standing <input type="checkbox"/> Academic Credit from another institution - Official transcripts must be sent directly to Scofield Graduate School and Theological Seminary, 1483 Mable Ave., Modesto, CA., 95355			
Method of Study:		Exact Name (to appear on Degree):	
<input type="checkbox"/> Resident <input type="checkbox"/> Distance Learning <input type="checkbox"/> Both			
Degree Programs:			
<u>Associate Degree (emphasis)</u> <input type="checkbox"/> Theology <input type="checkbox"/> Ministry <input type="checkbox"/> Religious Education <input type="checkbox"/> Biblical Studies			
<input type="checkbox"/> Apologetics <input type="checkbox"/> Apologetics in Creationism <input type="checkbox"/> Christian Counseling			

<u>Bachelor's Degree(emphasis)</u> <input type="checkbox"/> Theology <input type="checkbox"/> Ministry <input type="checkbox"/> Religious Education <input type="checkbox"/> Biblical Studies			
<input type="checkbox"/> Apologetics <input type="checkbox"/> Apologetics in Creationism <input type="checkbox"/> Christian Counseling			

<u>Graduate Degree</u>			
<input type="checkbox"/> Master of Ministry <input type="checkbox"/> Master of Biblical Studies <input type="checkbox"/> Master of Religious Education			
<input type="checkbox"/> Master of Apologetics <input type="checkbox"/> Master of Apologetics in Creationism <input type="checkbox"/> Master of Divinity			
<input type="checkbox"/> Master of Theology <input type="checkbox"/> Master of Theological Studies <input type="checkbox"/> Master of Christian Counseling			
