



204 N. Lexington Ave.
 Wilmore, KY 40390
 859.858.2211

Asbury Theological Seminary – Non Degree Student Application

Visiting Student, Auditor and Limited Enrollment Application

Applicant Information

Full Name: _____ Date: _____
Last First Middle Name

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Gender: _____ Social Security No: _____ Birth Date: _____

Please check the type of admission for which you are applying:

Visiting Student
 Auditor
 Limited Enrollment

Campus: _____ Term: _____ Year: _____

Are you a citizen of the United States? YES NO

Have you ever applied to ATS? YES NO If yes, when? _____

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes, explain: _____

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Church Information

Please share the information of the church you most regularly attend and/or hold membership

Church Name: _____ Denomination: _____

Address: _____ Phone: _____

Pastor's Name: _____

Additional Information

Who referred you to ATS?: _____ How do you know that person?: _____

Are you seeking ordination, if so at what level?: _____

Institutional Documents & Background Check Disclosure

Institutional Documents Reference Review

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their rights to specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you the opportunity to consent to that waiver:

Waiver By checking this box, I understand I will not be able to review my reference form upon its arrival at Asbury Theological Seminary.

I authorize the Office of Admissions to discuss my file status with the following person(s):

Name(s): _____

Asbury Seminary students and faculty represent a wide range of experiences, backgrounds, and Christian traditions. Currently, students from over 90 distinct Christian denominations attend Asbury Seminary. Applicants must demonstrate personal integrity and spiritual maturity conducive to the mission of the Seminary, as well as compatibility with our institutional documents by completing the following:

I have read and familiarized myself with Asbury Seminary's Statement of Faith and Educational Mission.*

I understand the Seminary is committed to historic Christian orthodoxy as expressed in the Wesleyan tradition.*

If admitted, I agree to abide by the community standards set forth in the Ethos Statement and the policies of the Seminary.*

I understand my admission is dependent on the Admissions Committee's prayerful discretion and sole judgment of whether I meet the standards and criteria for admission. I attest that the information contained herein is true and accurate.

All students are subject to a background check. The results of the background check could affect your admission to Asbury Theological Seminary.

Signature* (Type Name) _____

Date* _____
(mm/dd/yyyy)

All admissions materials must be sent to the KY campus.