

Application for Admission

Missionary Baptist Seminary

5224 Stagecoach Road, Little Rock, Arkansas 72204

Application Procedure: Complete this application in full. Return the completed form to the address above to the attention of the Dean of Students. **Include the \$30.00 application fee.** You must also submit a transcript from the last school you attended. No decision regarding admission will be made until all material has been received.

Please enclose a recent photograph.

Personal Data

Name: _____ Phone: _____

Street or POB: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Other address: _____

Social Security No. _____

Date of Birth: _____ Place of Birth: _____

Marital Status: Single Married Separated Divorced Divorced, remarried Widowed

In case of Emergency Notify: _____ Phone: _____

Relationship to you: _____

For statistical purposes only, please complete the following: Sex: _____ Race: _____

Education

High School Attended: _____ City: _____ Graduated: Yes No

Post-Secondary Schools Attended and Degrees earned:

Have you previously applied for admission to the seminary? Yes No Date: _____

Christian Testimony

Attach an account of your Christian testimony to this application.

Present Church Membership: _____

Address: _____ City: _____ State: _____ Zip: _____

Pastor: _____ Phone: _____ How long have you been a member? _____

Is this church affiliated with the American Baptist Association? Yes No



Missionary Baptist Seminary & Institute

5224 Stagecoach Road
Little Rock, Arkansas 72204
(501)455-4588 Fax (501)455-4589

Recommendation Form

This form is to be copied and filled out by a professor, employer, professional, or personal acquaintance. It should not be filled out by a member of immediate family.

Applicant Name: _____

Program: _____

Under the Family Education Right and Privacy Act of 1974 (Buckley Amendment), which gives the right to inspect and review their educational records, students may waive the right to see specific confidential letters or recommendations. 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 an opportunity to sign one of the following statements.

A. I waive my rights to examine this form.

Applicant's Signature: _____

B. I do not waive my rights to examine this form, but authorize the person completing this form to provide a candid evaluation.

Applicant's Signature: _____

Recommender's Name (please print)

E-Mail

Address

Daytime Phone

Position

Missionary Baptist Seminary Alumnus? (Year)

Please comment on each of the following areas:

1. Length and nature of your relationship with the applicant

2. The applicant's character and demonstrated concern for others

3. The applicant's emotional stability and social sensitivity

4. The applicant's relationship and attitudes towards peers, supervisors, and subordinates (same gender and cross-gender)

5. The applicant's ability to set and achieve goals (What do you perceive his/her goals to be?)



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