

Scofield Biblical Institute & Theological Seminary



APPLICATION FOR ADMISSION

Name: _____
Last First Middle

E-mail: _____

Gender: male female Date of Birth: _____

Citizenship: US other (specify) _____

Street Address: _____

City: _____ State _____ Zip _____

Phone: (_____) _____

Occupation: _____

Church Name: _____

Degree(s) Held: _____

Advance standing Academic Credit from another institution -
Official transcripts must be sent directly to

Scofield Biblical Institute and Theological Seminary,

P.O. Box 48 Hart, MI 49420

Exact Name (to appear on degree)

Degree Program

Master Degrees

- Master of Arts Biblical Studies Master of Apologetics
 Master of Apologetics in Creationism Master of Divinity
 Master of Theology Master of Jewish & Prophetic Studies

Doctoral Degrees

- Doctor of Ministry Doctor of Apologetics Doctor of Apologetics in Creationism
 Doctor of Theology Doctor of Divinity Doctor of Philosophy

Non- Degree Student

Payment Options:

Make checks and money orders payable to "Theology in Perspective, Inc." (write Scofield Institute in memo).

Scofield Biblical Institute & Theological Seminary

check money order PayPal info@scofieldinstitute.org (credit card through PayPal only)

COURSE SIGN-UP/ ORDER FORM

COURSE NUMBER	COURSE TITLE	COURSE FEE
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_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL: \$ _____

Scofield Biblical Institute
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With this signature I am affirming that I completely agree with the SBI doctrinal statement.

SIGNATURE: _____

Application Completed [] yes [] no

Send completed application (with fees and tuition) to

Scofield Biblical Institute & Theological Seminary
P.O. Box 48 Hart, MI 49420



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