

URBANA THEOLOGICAL SEMINARY

NEW VISTING STUDENT APPLICATION

Information

I would like to take classes at Urbana Theological Seminary for: (please check one)

Graduate Credit

Audit/Non-credit

Undergraduate Credit

Full Name: _____
 First Middle Last Maiden

Address: _____
 Street City State Zip

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____ Social Security Number: _____

Permanent Address (if different from above address):

 Street City State Zip

Date of Birth: Month _____ Day _____ Year _____ Gender: Male _____ Female _____

Country of Citizenship: _____

Are you a United States Military Veteran and eligible for the GI Bill? _____

Ethnicity: (please check one)

Non Resident Alien

Hispanic / Latino

American Indian or Alaskan Native

Asian

Native Hawaiian or other Pacific Islander

Black or African American

White

Two or more races

Previous Education (undergraduate or graduate levels):

School Attended Dates Degree Received Major Field G.P.A

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Denominational Tradition: _____

Local Church: _____

Please send this information to:

Registrar

Urbana Theological Seminary

314 East Daniel Street

Champaign, IL 61820

Phone: 217.365.9005

www.urbanatheologicalseminary.org

or **Email to:** mgreen@urbanatheologicalseminary.org

For Office Use only:

Payment: _____ Database: _____