



APPLICATION FOR ADMISSION

for Theological Studies

Office of Admission
1306 N. Highland St.
Arlington, VA 22201
703-812-4757 ext. 204 • 703-812-4764 (fax)
info@leland.edu

For internal use only:

Date Received: _____ Date Admitted: _____
By: _____ Student ID #: _____

I. Graduate Program

Application is being made for the following (check one only):

- Graduate Certificate in Theological Studies
- Graduate Special Student
- Visiting Special Student
- Auditor

Entry Semester (check one)

- Fall 2011 (Deadline in August 5, 2011)
- Spring 2012 (Deadline is January 6, 2012)

Campus (check one)

- Main Campus (Arlington, VA)
- Hampton Roads
- Southwest Virginia

II. Personal Information

Please type or print in black or blue ink.

Last (Family) Name First (Legal) Name Middle Name Jr., Etc...

Nickname/Preferred Name Former/Maiden Name

Home Phone Cell Phone Work Phone Fax Number

E-mail Address

Home Address (Street and Number) City State Zip Code

Social Security Number Gender Marital Status Spouse's Name

Emergency Contact Emergency Phone

Birthdate (mm/dd/yyyy) Place of Birth (City, State) Country of Citizenship

Ethic Survey (for statistical purposes only)

- Hispanic/Latino
- American Indian/Alaska Native
- Asian/Pacific Islander
- Black/African American
- White, Non-Hispanic

