JOHN LELAND CENTER for Theological Studies

APPLICATION FOR ADMISSION
SPECIAL OR AUDIT STUDENT

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

For internal use only:

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

I. Student Classification *(check one)*
❑ Graduate Special Student ❑ Visiting Special Student ❑ Alumni* Special Student ❑ Audit Student

Entry Semester *(check one)*
❑ Fall Semester ❑ January Term ❑ Spring Semester ❑ June Term

Campus (check one)
❑ Main Campus (Arlington, VA) ❑ Hampton Roads ❑ Southwest Virginia

II. Personal Information **Please type or write legibly in blue or black ink.**

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

Nickname/Preferred Name Former/Maiden Name Birthdate (mm/dd/yyyy)

Home Phone Cell Phone Work Phone

E-mail Address Social Security Number

Home Address City State Zip Code

Ethnic Survey (For statistical purposes only)
❑ Latino/Hispanic ❑ American Indian/Alaska Native ❑ Asian/Pacific Islander
❑ Black/African American ❑ White, Non-Hispanic

III. Educational Information **List your post-high school educational experiences.**

School	Location	Dates Attended	Degree Awarded

IV. Work History **Please attach a copy of your current résumé.**

V. Short Answer **Please use a separate sheet of paper to respond to the following question.**

What are your short-term ministry goals and how do you believe attending the John Leland Center will help you achieve them?

VI. Signature I hereby declare that to the best of my knowledge all information presented herein is accurate and complete.

Signature_____ **Date**_____

* Alumni Special Student is a category for Alumni of the John Leland Center who are returning to take class.