

~ APPLICATION FOR ADMISSION ~
For Summit's "Independent Studies" Program

SUMMIT THEOLOGICAL SEMINARY
2766 Airport Road ~ Peru, IN 46970 (765) 472-4111

Please complete both sides of this form and return it with a
CURRENT PHOTO for your Student Records:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Date: _____

Email: _____

Soc.Sec.# _____ County: _____

Phone: Home: _____ Work: _____

Date of Birth: _____ Date of H.S. Graduation: _____

Colleges attended Degree received Date Credits

~ Current Church You Currently Attend ~

Church Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Preacher/Minister's Name: _____

Please check which type of media you would prefer to receive if we have them available.

Note - if not specific, audiotapes will be sent.

_____ Audiotapes _____ CD's _____ MP3's _____ DVD's

AREA OF DESIRED STUDY

Degree: I will be working toward:

_____ D.B.S. Diploma of Biblical Studies

_____ B.S.L. Bachelor of Sacred Literature

_____ B.Th. Bachelor of Theology

_____ M.S.L. Master of Sacred Literature

_____ M.A.Th. Master of Theology

Send in your \$30.00 enrollment fee with your completed resume:

This application will not be accepted unless the **second page** is completed, as well.

By the signing of my name below, I will be agreeing to the following:

1. The \$30.00 enrollment fee is non-refundable.
2. I will pay for the courses or program I am taking, regardless of whether I finish, unless I return the materials within 10 days.
3. If I am enrolled in a degree program, I will pay tuition for no less than 30 credit hours and the materials received regardless of my completing the program or not.
4. I will pay a penalty fee of \$10.00 for every month I do not send in the minimum payment on my bill. Minimum payment is \$50.00 a month for bills totaling \$500.00 and more, and \$25.00 a month for bills totaling less than \$500.00.
5. I will contact the school in writing concerning any discontentment I have about the courses, or my inability to pay a particular month. I will attempt to handle this account as a faithful Christian steward.
6. I agree to make all payments to the school. If not, I understand that the school has the right to turn the account over to collections. If the account is turned over to collections, I will be responsible for all collection fees, legal fees, court costs, etc.

Signed: _____

Date: _____

Email - summit1@myvine.com

Website - www.summit1.org