

Wesley Theological Seminary

NCSS Application

For Spring semester 2021, NCSS will be offered entirely online.

Open this form with Adobe Acrobat. Save your completed form and email it to jparks@wesleyseminary.edu by January 5th, 2021.

Then I heard the voice of the Lord saying, "Whom shall I send, and who will go for us?" And I said, "Here I am Lord, send me!" –Isaiah 6:8

Personal Information

Full Legal Name

Last First Middle

Preferred First Name

Date of Birth: ____/____/____ (mm/dd/yyyy) Social Security Number: ____/____/____

Gender Male Female

Federal guidelines mandate that we collect data on the legal sex of all applicants. Please report the sex currently listed on your birth certificate. If you wish to provide your preferred gender identity, you are welcome to do so in the Demographic Information section of the application.

Email Address Cell Phone Number

Street Address

City State ZIP Code

Religious Background

Denomination or faith tradition (if applicable) _____

For United Methodist Applicants only:

Conference _____

If you have started the UM ordination process, what is your current status? _____

Elders Orders

Deacon Orders

If you have not started the UM ordination process, are you considering doing so?

Yes

No

Undecided

Demographic Information

Are you Hispanic/Latino? Yes No

Check all that characterize your race. (Check ALL that apply.)

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Other

Preferred Gender Identification _____

Please explain any special conditions affecting your ability to participate in the regularly scheduled instructional program. Documentation regarding any special accommodations must be submitted to the Dean of Community Life at least two months prior to the start of class.

Educational History

Current Institution

Degree Sought _____

Major _____ Current GPA _____

Current Year of Study (ex. 2nd year seminary/divinity) _____

What is your vocational objective? _____

Recommendation

One recommendation required from your Dean, Ethics professor, or Registrar, affirming that you are in good standing and are recommended for NCSS emailed to jparks@wesleyseminary.edu.

Academic Reference Letter from a faculty member or registrar at your current institution

Institution _____

First Name _____ Last Name _____

Email Address _____ Phone Number _____

Registration

Course Number	Course Title	Begin Date	End Date	Credit Hours	Select <i>Credit or Audit</i>
EP-282-VT	Faith, Politics & Public Square	1/25	5/3	4	___Credit (\$682 per credit hour)

Payment & Registration Cancellation Policy

*Tuition information is found here: <https://www.wesleyseminary.edu/admissions/financial-aid-and-tuition/estimating-the-cost>. Cancellations must be received in writing by the registration deadline to receive a full refund of tuition charges. Students canceling after the registration deadline through the first day of class will be charged \$100.00 cancellation fee. Cancellations following the first day of class will be charged the full tuition and payment is expected. Students should use the "Registration form" found on the Registrar's Office Forms page to drop a class. <https://www.wesleyseminary.edu/academics/forms/>. *Non-attendance does not constitute a cancellation without official course withdrawal.*

Required Signature

Admissions: Entering my signature in the box below certifies that the foregoing information is correct to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for admission or constitute grounds for dismissal. I certify that all the information given on this application is complete and accurate. If I am admitted, I agree to abide by established rules and regulations of the institution and accept the obligations imposed on me by the honor system. **Registration:** Also, by signing this form I confirm that I intend to participate and pay tuition for the courses for which I have registered. I have also read and agree to the cancellation and refund policy and authorize my official enrollment by the Office of the Registrar at Wesley Theological Seminary.

Student Signature*

Type your First name, Middle initial, and Last name in the fields below.

First _____ Middle initial _____ Last _____

Date _____ (mm/dd/yyyy)