

Application for Admission

Reformation International Theological Seminary (RITS)

Mr.
 Miss
 Mrs.

Other Titles
 Rev.
 Dr.
 Other _____

(last) (first) (middle)

Mailing Address: _____

Delivery Address: _____

City: _____ Province/State: _____ Zip/Post Code: _____ Country: _____

Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____ Fax: (____) _____ - _____

E-Mail address: _____@_____

Of what country are you a citizen? _____ Place of Birth _____ Birth Date _____

Single Married Separated Divorced Remarried

Number of children: _____ Ages: _____

I. EDUCATIONAL GOALS:

Do you plan to graduate from Reformation International Theological Seminary? Yes No

IF YES

DEGREE: _____

MAJOR: _____

IF NO

Taking courses for credit for the following courses: _____

Licentiate Diploma in Theology

Other: _____

II. ECCLESIASTICAL INFORMATION:

Name of Church: _____ Denominational Affiliation: _____

Street: _____ City: _____

Province/State: _____ Zip/Post Code: _____ Country: _____ Pastor's Email: _____@_____

Pastor's Name: _____ Phone Number: (____) _____ - _____

Are you a communicant member? Yes No How often do you attend? _____ Years attended _____

Ordained/Licensed? Yes No If yes, in what capacity and when? _____ Still current? _____

Have you ever been under church/ecclesiastical discipline? Yes No If yes, explain (on separate paper).

III. EDUCATIONAL HISTORY:

Please provide a detailed chronological list of your educational history from high school to the present. If high school is your last completed education, please send a copy of your diploma. If undergraduate or graduate college/university work is your last completed education, please send the transcripts for your courses (whether having received a degree or not). This is what item VI. 3 refers to.

IV. PERSONAL REFERENCES (not from family members)

Name: _____ Address: _____

City: _____ Province/State: _____ Zip/Post Code: _____ Country: _____

Business Phone: (____) _____ - _____ Home Phone: (____) _____ - _____ Email: _____@_____

Name: _____ Address: _____

City: _____ Province/State: _____ Zip/Post Code: _____ Country: _____

Business Phone: (____) _____ - _____ Home Phone: (____) _____ - _____ Email: _____@_____

If English is not your first language, have you taken the TOEFL? Yes Date: _____ No

V. ELECTRONIC MEANS OF STUDY AND COMMUNICATION:

(RITS communicates with its students primarily via the internet. Some exceptions are made, but each needs to be evaluated on an individual basis))

1. Do you have a computer? Yes No If no, will you have regular access to a computer near you to use. Yes No
If no, how do you intend to:
A. Do your course-work and submit your courses? _____
B. Communicate with the school and professors electronically. _____
2. A. Will the computer you use be able to read the following kinds of files:
1) Microsoft Word 2003 or later .doc or equivalent files.
2) Adobe or other .pdf files
B. Will the computer you use be able to send and received attached M.S. Word .doc files? Yes No
If no, what do you intend to use? _____
3. Do you have access to the Internet? Yes No If no, how do you intend to communicate with RITS and its professors?

A. What speed: High speed cable or DSL Dialup Other _____
B. What type: Connection to my home/office or both WiFi Internet Café Other _____
4. Use of MP3 Audio files (Applicable only to Bachelor and Master degrees):
A. Do you have the equipment to listen to MP3 audio files. Yes (Computer, Cell phone, IPOD, other) No
B. Are you able to download them electronically in batches of less than 100 mb.
1) Yes, I have the necessary internet access and equipment.
2) No, I will need them on CD or DVD (this will cost more for delivery by post).

VI. The following information must be received by RITS before your application is complete.

1. This application appropriately filled out.
2. If applying for a bachelor degree, please supply a copy of your high-school diploma or G. E. D. (General Education Diploma.).
3. List and transcripts of college/seminary level work completed per school.
4. A written (a) statement of faith, (b) statement giving reasons for pursuing a program of theological study.
5. A written statement of your conversion to or awareness of your true Christian faith.
6. Letters from the two personal references listed above, stating their knowledge of you and recommendation to Reformation International Theological Seminary.
7. A letter of recommendation from your church session, consistory, board of elders, or pastor.
8. One or more Proctor Application forms completed and signed by the person(s) willing to proctor your exams, and accompanied by a letter written on letterhead of the institution with which the proctor is affiliated, verifying his affiliation with it. (Computer-generated stationery is not acceptable.)
9. Mentor biography and letter stating willingness to serve in this capacity and familiarity of responsibilities.
10. A U.S. dollar check (from a U.S. bank) or money order to include application fee of \$100.00.
11. A completed Study Hours Estimation Form.

VII. Please read and sign the following:

I certify that:

1. All of the information I have provided to Reformation International Theological Seminary is accurate and truthful.
2. I agree to abide by the regulations of Reformation International Theological Seminary as set forth in its catalog and understand that they may change without notice from time to time.
3. I am in agreement with the policies and standards of Reformation International Theological Seminary and am willing to uphold them and live by them if I am accepted as a student at Reformation International Theological Seminary.
4. I acknowledge that no other representations have been made to me in writing, electronically, or orally other than what is stated in the Reformation International Theological Seminary catalog.
5. I will do all my own work and will not share my work with other students.
6. I will not make copies of any recorded or written materials supplied by Reformation International Theological Seminary without written approval from Reformation International Theological Seminary Administration.
7. I understand that if it is ever discovered that I have violated this agreement, I may be expelled from Reformation International Theological Seminary, all courses given may be counted as failures, any degrees that have been granted by the seminary may be revoked, and there will be no refunds of any monies paid or owed to the seminary. There is no time limit to these penalties.

Having fully understood this and freely agreed to it, I have placed my signature and the date below.

Student Signature

Date

Please send this information email, fax or post to:

Reformation International Theological Seminary (Attention Registrar)

13950 – 122nd St., Fellsmere, FL 32948-6411 U.S.A.

Telephone: (772) 571-8833, Facsimile: (772) 571-8010 E-mail: registrar@reformation.edu