



**Southern Latin Theological Institute**  
1494 Yorktown Drive, Lawrenceville, GA 30043 - (404) 932-5196

**Application for Enrollment 2019**

(Please print)

Branch: \_\_\_\_\_ Student Number: \_\_\_\_\_

Year of Ministerial Study:  First Year  Second Year  Third Year  Fourth Year

Name: \_\_\_\_\_  
First
Second
Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  M  F  
Month/Day/Year

1. Have you studied at another Theological Institute?  Yes  No

Note: If you want credit for these studies, please submit an official transcript. We reserve the right to decide the credits that are transferable.

2. Are you an active member, in good standing, of a Christian church?  Yes  No

Name of your Church: \_\_\_\_\_

Name of your Pastor: \_\_\_\_\_

Telephone of your Pastor: \_\_\_\_\_

3. Do you give us permission to call your pastor to confirm the state of your membership?  
 Yes  No

4. Do you promise to respect the doctrinal position of the Southern Latin Theological Institute?  Yes  No

5. Do you promise to be subject to the standards of academic integrity and conduct of the Southern Latin Theological Institute?  Yes  No

6. Do you understand that the Southern Latin Theological Institute does not grant university credit?  Yes  No

7. Do you understand that the Southern Latin Theological Institute does not grant ministerial credentials?  Yes  No

Applicant's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
Month/Day/Year

If the applicant is less than 18 years old, a parent's or legal guardian's signature is required. The minimum age of a student is 16 years old.

Name of Parent or Legal Guardian: \_\_\_\_\_

Parent's or Legal Guardian's Signature: \_\_\_\_\_

This application must include an enrollment fee of \$10. Please make checks payable to Southern Latin District or SLD.