Southern Latin Theological Institute

2440 Sandy Plains Rd, Building 9, Marietta, GA 30066 – sltiag.org

Application for Enrollment 2025-2026

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 $20. Please email your form and make your payment via Zelle to **southernlatinti@gmail.com**

Making sure to include your **full name and the reason for payment in the "memo"** field**.**