URBANA THEOLOGICAL SEMINARY

NEW VISTING STUDENT APPLICATION
Information

I would like to take classes at Urbana Theological Seminary for: (please check one)

☐ Graduate Credit ☐ Audit/Non-credit ☐ Undergraduate Credit

Full Name: _____
First Middle Last Maiden

Address: _____
Street City State Zip

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____ Social Security Number: _____

Permanent Address (if different from above address):

_____
Street City State Zip

Date of Birth: Month_____ Day_____ Year_____ Gender: Male_____ Female_____

Country of Citizenship: _____

Are you a United States Military Veteran and eligible for the GI Bill? _____

Ethnicity: (please check one)

☐ Non Resident Alien
☐ Hispanic / Latino
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Black or African American
☐ White
☐ Two or more races

Previous Education (undergraduate or graduate levels):

School Attended	Dates	Degree Received	Major Field	G.P.A

Current Denominational Tradition: _____

Local Church: _____

Please send this information and a one time $10.00 processing fee to:

Registrar
Urbana Theological Seminary
314 East Daniel Street
Champaign, IL 61820
Phone: 217.365.9005
www.urbanaseminary.org

For Office Use only:

Payment: _____ Database: _____