

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

## Application for Enrollment 2024 (Please print)

Branch: Student Number:						
Ye	ear of Ministerial Study: 🛭 Fir	rst Year 🛚 Se	econd Year	☐ Third Year	☐ Fourth Year	
Na	ame:					
	ddress:					
		State: Zip Code:				
		Cellular Telephone:				
	-mail:					
Da	ate of Birth:Month/Day/Yea	Sex: □ M □ F				
	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, i	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? $\square$ Yes $\square$ 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? $\square$ Yes $\square$ No					
6.	Do you understand that the Southern Latin Theological Institute does not grant university credit? $\square$ Yes $\square$ No					
	Do you understand that the Southern Latin Theological Institute does not grant ministerial credentials? $\ \square$ Yes $\ \square$ No					
Ар	pplicant's Signature:	Dated: Month/Day/Year				
					Month/Day/Year	
	the applicant is less than 18 yne minimum age of a student			gal guardian's si	gnature is required.	
Name of Parent or Legal Guardian:						
Pa	arent's or Legal Guardian's Sig	nature:				

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