

FIRST NAME		MIDDLE (BIRTH FAMILY NAME) LAST		SOUTHERN ID	
BIRTH DATE		EMAIL		PHONE	
MAILING ADDRESS				Year ^(Summer, Fall, Winter) you are applying for:	
CITY		STATE	ZIP CODE		
Credit or audit?					
<input type="radio"/> for academic credit					
<input type="radio"/> for audit					
Please indicate the degree and emphasis you are seeking:					
MASTER OF MINISTRY			MASTER OF ARTS		
<input type="radio"/> Church Leadership and Management		<input type="radio"/> Old Testament Studies			
<input type="radio"/> Evangelism and Ministry		<input type="radio"/> New Testament Studies			
<input type="radio"/> Biblical Counseling		<input type="radio"/> Religious Studies			
Please indicate the courses you plan to take:					
COURSE NUMBER	COURSE NAME	CREDITS	COURSE DATES		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
Graduate tuition cost for this student is \$150 per credit hour.			Calculated Tuition Cost of listed classes		
I assume financial responsibility for any unpaid balance on my Southern Adventist University account.					
STUDENT SIGNATURE _____				DATE _____	

AUTHORIZATION					
I confirm that this student is an employee of _____ Conference.					
I authorize Southern Adventist University to send this student's tuition statement for full payment to: _____					
		street address			
		city		state	zip
AUTHORIZING CONFERENCE OFFICIAL _____		TITLE _____		DATE _____	
Please keep one copy for your records, send one copy to the student, and submit this form to the Graduate Studies Office.					