Interdenominational Theological Center
An Ecumenical Professional Graduate School of Theology
Office of the Registrar
700 Martin Luther King, Jr. Drive, SW
Atlanta, Ga 30314-4143
(404)527-7707

Application for Re-Entry

BIOGRAPHICAL INFORMATION

Name: _____

Social Security No: _____

Current Address: (Please give complete address to which all correspondence should be mailed to you.)

_____

_____

Current Day Phone No. : _____ Current Evening Phone No: _____

APPLICATION INFORMATION

For which semester are you applying? Fall _____ (Year) Spring _____ (Year)

For which degree program are you applying?

_____ Master of Divinity (M.Div)

_____ Master of Arts in Christian Education (MACE)

_____ Master of Arts in Church Music (MACM)

_____ M.Div. and MACE

_____ M.Div and MACM

_____ MACE and MACM

Please list the last semester that you attended: _____
(month/year)

ADDITIONAL INFORMATION

Are you capable of performing all functions of a student or do you have any limitations, which would require special accommodations? Explain.

_____

_____

I certify that the foregoing information is correct to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for admission to the ITC or constitute grounds for dismissal.

_____ Signature

_____ Date