



ROCKY MOUNTAIN
S E M I N A R Y

The information in this form is privileged and will be kept confidential. The faculty and appropriate administration only will have access to it. No information will be given verbally or in writing to any outside person or organization without written and signed permission from you.

Biographical Information

_____ Male Female
 Last Name First Middle Former

Are you a U.S. citizen? Yes No If not U.S. citizen, country of citizenship _____

 Birthplace City/State Date of Birth Age Social Security #

 Mailing Address Number/Street City State Zip Phone

 Permanent Address Number/Street City State Zip Phone

 Name of Parent or Guardian Mailing Address Phone

Educational

I plan to enroll 20_____ August (Fall) January (Spring) Summer

My planned credit load is: Full-time (12-16 semester hours) Part-time: # of semester hours _____

Educational Objective at RMS: Graduation Other _____

Applicants Complete This Section:
 Program you are selecting: Master of Arts Biblical Studies Master of Theology

List all schools, colleges, community colleges and universities attended in order of attendance (no exceptions). Request official transcripts be sent to Rocky Mountain Seminary.

Institution's Name	City/State	Attended From	Attended To	Credits, Diplomas, Degrees

(continued)

Optional: Information that will be helpful for identification but is not required.

Personal: (Please circle appropriate response)

Indicate marital status: Single Engaged Married Widowed Separated Divorced

Do you have children? Yes No If yes, number _____ ages of children _____

Spouse's full name (Fiancé if engaged) _____ Wedding Date: _____

Spouse's Occupation _____ Has spouse trusted Christ as Savior? Yes No

Is spouse in agreement with your decision to attend RMS? Yes No

Is spouse:

Enrolling at RMS? Yes No Enrolled at RMS? Yes No Former student at RMS? Yes No

Is there any reason you may not return to any collegiate institution previously attended? Yes No

Have you previously applied to RMS for admission? Yes No

Have you been judged guilty of criminal or civil offenses? Yes No

Have you used illegal drugs within the last year? Yes No

If yes to any of the above, please explain: _____

Financial:

Are you eligible for V.A. benefits? Yes No

How do you plan to finance your education? _____

What is your medical insurance coverage? _____

(All students are expected to have medical insurance coverage)

Who is responsible for the premium? Yourself Employer Parents Other _____

What is your present occupation? _____ Full-time Part-time

References:

List below the four persons who will complete reference forms for you. Do not list relatives.

Relationship	Name	Address	City	State	Zip
Pastor					
Employer/Teacher/ Administrator					
Friend					
Friend					

Application Statement

Among the conditions of admission are the following:

1. Rocky Mountain Seminary admits qualified applicants regardless of sex, race, color, national origin, or disability who have personally trusted Jesus Christ for everlasting life.
2. Applicants are selected for admission on the basis of spiritual, educational, personal and financial qualification.
3. Enrolled students are expected to attend classes, to engage in Christian service, to participate in a local church of their choice and to enter heartily into fellowship with the school family.

My signature below indicates that the information in this application is honestly presented, factually correct and complete. I have read, completed and signed the RMS Essay Questionnaire and Doctrinal Statement. I understand that failure to submit complete official transcripts from all schools, colleges and universities attended may result in the denial of this application or my subsequent dismissal from RMS. As a student at Rocky Mountain Seminary, I will seek to live the Christian life in accordance with accepted practices and above all to be pleasing to the Lord Jesus Christ.

Signature _____ Date _____

An application fee of \$20 (U.S.) must accompany this form.

Mail to: Admissions, Rocky Mountain Seminary, 3190 S. Grant St., Englewood, CO 80113-2605

