



INDIANAPOLIS THEOLOGICAL SEMINARY

Application for Admission

Indianapolis Theological Seminary exists to collaborate with local churches for biblical and theological training unto the glory of God.

Instructions: The following components are required to audit, take classes for credit, or pursue a master's degree at ITS:

- Application for Admission
- \$30 Application Fee (payable to Castleview Baptist Church with ITS on memo line)
- Church Reference Form
- Christian Testimony & Ministry Goals
- Official Post-Secondary Transcript(s) demonstrating completion of undergraduate degree (if taking courses for credit)

Please mail all documents to:

Indianapolis Theological Seminary
c/o Castleview Baptist Church Attn: Administrator
8601 Hague Road, Indianapolis, IN 46256

Student Information

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Gender: Male Female

Marital Status: Single Married Divorced Widowed

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Carrier: _____

Emergency Contact Name: _____ Phone: _____



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Church Information

Church: _____

Pastor: _____ Denomination: _____

Address: _____

Phone: _____ Are you a member? Yes No

How are you involved? _____

Please include a 1-2 page, typed statement of your Christian Testimony & Ministry Goals.

Academic Information

Anticipated Status: Master's of Divinity (95 credits) Master's Arts (60 credits)
 Audit (\$75/class) Credit (\$135/credit hr)

Do you have an undergraduate degree (required for Master's)? Yes No

If yes, from what college/university? _____

Major: _____ GPA: _____

Do you have any seminary credits you wish to transfer? Yes No

If yes, from what college/university? _____

Major: _____ GPA: _____

Please have official transcripts sent to the above ITS address.

I verify all information is correct and truthful.

Signature

Date



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Church Reference Form

Part I: To Be Completed by Applicant

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Alternate Phone: _____

I, _____, give ITS permission to contact this reference and waive my right to review any comments made by the reference.

Signature

Date

Part II: To Be Completed by Pastor, Youth Pastor, or Church Official (not related to applicant).

Please email to info@indysem.org or mail to:

Indianapolis Theological Seminary

c/o Castleview Baptist Church Attn: Administrator

8601 Hague Road Indianapolis, IN 46256

Reference's Name: _____

Title: _____

Church Name: _____

Phone: _____ Email: _____



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How long have you known the applicant?

- Less than 1 year 1-2 years 3-5 years 6+ years

In what capacity do you know the applicant? _____

Please comment on the applicant's Christian commitment and ministry involvement.

Please comment on the applicant's character. _____

What do you believe to be the applicant's greatest strength? _____

What do you believe to be the applicant's greatest weakness? _____

What do you understand the applicant's future ministry goals to be? Do you believe he/she is gifted to that end? _____

What is your recommendation in regard to the applicant's study at ITS?

- Strongly Recommend Recommend
 Recommend with Reservations Do Not Recommend

Signature

Date