

ANGLICAN SCHOOL OF MINISTRY-LITTLE ROCK
APPLICATION FOR ADMISSION

Anglican School of Ministry-Little Rock
Office of Registrar & Admissions
Attn: Sharan Gunn
4 Sur Lane
Hot Springs Village, AR 71909

Registrar's Phone: (501) 984-1668
Dean's Office: (501) 801-3410
FAX: (501) 614-6062
E-mail: sbgunn@suddenlink.net

Instructions: Please fill out this form completely and mail it to the Registrar & Admissions Office. Please be sure to attach a check for \$25.00 (non-refundable application fee) payable to the Anglican School of Ministry-Little Rock. Also, please have the pastor's recommendation letter mailed separately to the school at the above address. This letter is not required for special or auditing students.

Name: _____

Sex: _____

Date of Birth: _____

Daytime Phone: _____

Home Phone: _____

Mail Address: _____

City, State, and Zip: _____

E-mail: _____

FAX: _____

Program Applying for: Certificate of Diaconal Studies

Certificate of Christian Studies

Diploma in Pastoral Theology

Diploma in Theological Studies

Special student (no program)

Auditing student

Denomination: _____ Applying for Ordination? _____

Local Church Membership: _____ Address: _____

_____ City, State, and Zip _____

Name of Pastor: _____

Pastor's Phone: _____ FAX: _____

Previous Education:

School	Major	Dates of Attendance	Degree Awarded

Attach additional pages as required for more schools. Please have an official transcript sent from each school to ASM-LR (not applicable for special or auditing students)

I hereby make application for admission to the Anglican School of Ministry-Little Rock and affirm that, to the best of my knowledge, all of the information on this form is complete and accurate.

Signature

Date