



**New Life Theological Seminary**  
 Post Office Box 790106  
 Charlotte, North Carolina 28206-7901  
[www.nlts.edu](http://www.nlts.edu)

Current Photo  
 Must Be  
 Attached Here

**Application for Enrollment**  
 (Application Fee must be attached when submitting your application)

**I. Personal Information** (Print or type sections I-V; write out section VI)

Last Name		First Name		Middle Name	
Mailing Address					
City		State		Zip	
Country or Place of Birth			Country of Citizenship		
Date of Birth			Social Security Number		
Immigration Admission Number (if F-1 student)			Primary Telephone #		Secondary Telephone #
Primary Email Address			Secondary Email Address		
Name of Spouse (if applicable)					
First Name of Children					
Are you a Christian?			Is your Spouse a Christian?		
Name of the Church you Attend					
What is your Denomination?					
Present Employment					
How did you hear about New Life Theological Seminary?					
Have you read the Doctrinal Statement?			Have you read the Student's Code of Conduct?		
Will you need parking privileges for a vehicle?			Will you need assistance finding housing in the Charlotte area?		
Will you need an appointment with the Financial Aid Officer?			Other needs?		

**II. Degree Desired with Concentration** \_\_\_\_\_

**III. Semester you want to start (circle only one)**    **Fall 2011**    **Spring 2012**    **Summer 2012**    **Fall 2012**

**IV. Academic Background** (List all schools you attended, public and/or private starting with your high school)

School Attended	City and State	Dates Attended	Degree Certification

**V. References** (Family Members May Not Be Used)

Last Name	First Name	Middle Name
Mailing Address		
City	State	Zip
Email	Primary Telephone #	Secondary Telephone #

Last Name	First Name	Middle Name
Mailing Address		
City	State	Zip
Email	Primary Telephone #	Secondary Telephone #

**VI. Salvation Experience:** In the space below and using your own words, write your salvation experience. Keep it between 100 and 150 words. Your grammar, writing style, and vocabulary will be evaluated. Please write cursive, do not print or type.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ - \_\_\_\_\_ -20\_\_\_\_\_

<p><b>NLTS Use Only:</b>          Receipt # _____          Initials _____          Date: _____</p>
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