



Reformed
Episcopal
Seminary

826 Second Avenue
Blue Bell, PA 19422
Telephone: 610-292-9852
Facsimile: 610-292-9853
admissions@reseminary.edu

**APPLICATION
FOR
NON-MATRICULATED
ADMISSION**

APPLICATION CHECKLIST

The following items are required in the application process. To avoid delays in the application process, please check off each item as it is completed. All documents should be submitted via US mail or email to the Seminary Admissions Office at the above address.

Application

Non-refundable application fee- \$55 for American students, \$90 for international students

PERSONAL INFORMATION

Name _____ Social Sec.# ____ - ____ - ____ Sex: Male Female
Last First Middle

If your name now differs from the name appearing on any of the documents which support this application, place the name used on the line below.

Name _____ Date of Birth ____/____/____ Cell Phone: () ____ - ____
Last First Middle Other Phone: () ____ - ____

Email Address: _____

Present Mailing Address: _____

City, State, Zip Code: _____

Permanent Mailing Address (if different from above) _____

Ethnic origin *(optional)*

Black, non-Hispanic

Asian, Pacific Islander

American Indian/Alaskan Native

White/ non-Hispanic

Hispanic

Country of Citizenship: _____

Two or More Races

Undisclosed

If you are an international student, please indicate your current Visa status: _____

Marital Status *(optional)*: circle one: Single Married Separated Divorced Widowed

Emergency Contact Name and Phone: _____

Number of Dependent Children: _____

ENROLLMENT INFORMATION

Applying as: New Student Transfer Student
Planning to attend: Full Time Part Time Day Evening

Will you attend classes: Primarily in-person or Primarily via Zoom?

Have you previously applied to Reformed Episcopal Seminary? Yes No

Expected date of entrance: _____

Veteran status: Are you a US veteran? Yes No
If yes, do you plan to use your VA benefits at RES? Yes No

Program for which you are applying:
 Certificate—Which Certificate? _____
 Auditing only (\$150 audit fee is waived for your first course audit)

How were you influenced to apply to Reformed Episcopal Seminary?

ECCLESIASTICAL STATUS

Your denomination? _____ Are you ordained? Office? _____

If not ordained, are you planning to seek ordination? By what body? _____

Local church membership _____

Street address: _____

City, state, zip code: _____

Name of Pastor _____ Pastor's phone (____) _____