

Ashland Theological Seminary Application to Reactivate

Name: _____ Maiden Name: _____

Year First Attended: _____ Year Last Enrolled: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Social Security #: _____

Email Address: _____

Academic Data

Anticipated Reactivation Term: _____

Ashland Center

Full Time (8 credits per term): _____

Cleveland Center

Part Time (less than 8 credits): _____

Columbus Center

Detroit Center

Program of Study

- | | | |
|--|--|--|
| <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Master of Arts in Practical Theology | <input type="checkbox"/> Master of Arts in Counseling (MI) |
| <input type="checkbox"/> Master of Divinity (Chaplaincy) | <input type="checkbox"/> Master of Arts in Spiritual Formation | <input type="checkbox"/> Master of Arts in Clinical Mental |
| <input type="checkbox"/> Master of Arts (Chaplaincy) | <input type="checkbox"/> Master of Arts in Black Church Studies | Health Counseling |
| <input type="checkbox"/> Master of Arts in Spiritual Formation | <input type="checkbox"/> Master of Arts in Pastoral Counseling/Care | |
| <input type="checkbox"/> Master of Arts (Biblical Studies) | <input type="checkbox"/> Master of Arts (Historical/Theological Studies) | |

List any other seminaries or graduate schools attended since leaving Ashland:

Name: _____ Credits Earned: _____

Name: _____ Credits Earned: _____

Name: _____ Credits Earned: _____

Office Use Only:

GPA: _____ Reference: _____ Essay : _____

Request Accepted/Denied: _____ Date: _____