

NEW STUDENT INFORMATION SHEET

Southwest Georgia Theological Seminary
 Royal Street, Sylvester
 PO Box 45
 Sylvester, GA 31791

DATE: _____

SGTS OFFICE USE ONLY

Date enrolled at SGTS: _____

Total Life Credits Awarded: _____

Total Credits Transferred to SGTS: _____

Total Credits: _____ [Satellite Class _____]

Disclaimer: Each student is handled on an individual basis. Final decision made by Board of Directors.



(Clearly print your name as you want to have printed on your diploma.)

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Marital Status: single married divorced

Occupation: _____

The following information must be filled out so we can order your graduation cap and gown.

Height: (with shoes) _____ Weight _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Church Attending: _____

E-mail Address: _____

If you do not have an email address, please obtain one and give it to the registrar ASAP. If you need help obtaining one, please see the registrar.

POSITIONS HELD IN CHURCH: (use back of sheet if more room needed)

Position: _____ Number of years or months: _____

Position: _____ Number of years or months: _____

Position: _____ Number of years or months: _____

WERE YOU A MILITARY CHAPLAIN? _____

Number of years or months: _____

High School Diploma Information: Year Graduated: _____ School _____ or Year received GED _____

You will need to acquire a High School Diploma or GED before will be issued a degree from SGTS. You will receive a certificate of completion instead.

*College/Universities: List degrees/diplomas received. **Also, have the school mail transcripts to SGTS, PO Box 45, Sylvester, GA 31791**

FOR OFFICE USE ONLY

Transcripts received

Bible Courses Taken: (Please provide certificates of completion)

F O R O F F I C E U S E O N L Y

Church Position: _____

Credits Transferred from
Colleges/ Universities: _____

Military Chaplain: _____

Bible Courses _____

Other _____

ENTER TOTAL AT TOP OF PAGE

By signing this form, I confirm that I have answered all of the questions truthfully and to the best of my ability.

Student Signature _____ Date _____

Print name clearly: _____