

AMERICAN BAPTIST SEMINARY OF THE WEST
2606 Dwight Way
Berkeley, CA 94704
510/841-1905 – Fax: 510/841-2446 email: admissions@absw.edu
Member of the Graduate Theological Union
APPLICATION FOR AUDIT/CONTINUING EDUCATION UNITS FOR ABSW CLASSES

DEADLINES: Fall Semester, August 1
January Inter-Session, December 1
Spring Semester, January 5

TODAY'S DATE: _____ Applying for: ___ Audit
___ CEU

APPLYING FOR: ___ FALL of _____ (year)
___ INTER-SESSION _____ (year)
___ SPRING of _____ (year)

COURSE TITLE/NUMBER _____ **INSTRUCTOR** _____
COURSE TITLE/NUMBER _____ **INSTRUCTOR** _____

NAME: Last/Family name _____ First _____ Middle Initial _____

PRESENT ADDRESS: _____

CITY _____

STATE/PROVINCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

PERMANENT ADDRESS (if different from above) _____

CITY _____

STATE/PROVINCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

TELEPHONE NUMBER include area code:(Daytime) _____

(Home) _____ (Fax) _____ (Email) _____

OPTIONAL (for ABSW statistical data)

DATE OF BIRTH (Month/Day/Year) _____ PLACE OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____ MALE: _____ FEMALE: _____

ACADEMIC BACKGROUND (List all post-secondary institutions attended -colleges, universities, professional schools, seminaries,etc. and degree): _____

CHURCH MEMBERSHIP: _____ DENOMINATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE _____

ARE YOU ORDAINED: ___ YES ___ NO LICENSED: ___ YES ___ NO

PROFESSIONAL/MINISTRY GOAL: _____

EMERGENCY INFORMATION: (Name, Address, Phone number of person(s) to be notified in case of emergency.)

NAME: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE NUMBERS: _____

HOUSING (Housing is extremely limited. Please make your own arrangements. If you have any difficulties, please contact the Admissions Office, we would be glad to assist you.)

NAME AND ORGANIZATION TO RECEIVE COURSE COMPLETION LETTER:

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

COST IS \$350 FOR 3 UNIT COURSE, \$250 FOR 1.5 UNIT COURSE. CHECKS ARE PAYABLE TO ABSW. CHECKS MUST ACCOMPANY APPLICATION FORM.

MAIL YOUR CHECK AND APPLICATION FORM TO THE ADMISSIONS OFFICE, ABSW, 2606 DWIGHT WAY, BERKELEY, CA 94704. FOR MORE INFORMATION OR QUESTIONS: CONTACT THE ADMISSIONS OFFICE AT 510/841-1905 X226 OR EMAIL ADMISSIONS@ABSW.EDU.