



# SHILOH UNIVERSITY

## APPLICATION FOR ADMISSION

### DEGREE PROGRAM

100 Shiloh Drive  
 Kalona, IA 52247  
 (319) 656-2447 – Phone  
 (319) 656-2448 – Fax  
 admissions@shilohuniversity.edu

**Date of application** (mm/dd/yyyy):

**I request admission for...** Term:

Year:

#### BIOGRAPHICAL INFORMATION

**Legal name...** Last name: First name:

Middle name:

Former last name:

Name you go by:

**Mailing address...** Street: City:

State:

Postal code:

Country:

**Shipping address...** Street: City:  
(If different from above)

State:

Postal code:

Country:

**Phone numbers...** Home: Cell: Work:

**Social Security number:** - - **Date of birth** (mm/dd/yyyy):

**Sex...** Male Female

**Marital status...** Single Married

**E-mail:**

**Country of citizenship:**

**Language 1:**

**If not U.S. citizen, are you a permanent U.S. resident?** Yes No

**Language 2:**

#### Ethnic origin (Used for statistical reporting purposes)

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

Asian

African American/Black

White/Caucasian

Hispanic/Latino

Other

Not a United States citizen

*This information will not be used in considering your admission.*

#### Where did you hear about us? (The following information is used only for statistical purposes)

Church Announcement

Pastor Recommendation

Web Search

Student/Alumni

Teacher/Staff

SU Blog/Article

Digital Advertisement

Social Media

*This information will not be used in considering your admission. Please only select one.*

#### COURSE OF STUDY (See individual program requirements)

Associate of Arts

B.A. in Biblical and Pastoral Studies

B.A. in Interdisciplinary Studies

B.A. in New Testament Studies

M.A. in Theological Studies

Doctor of Ministry

Master of Divinity

## EDUCATIONAL BACKGROUND

List high school, college, seminary, and graduate school education. If currently enrolled, include expected date of graduation and expected degree. Please also include GED or GRE tests you have taken.

<b>Degree</b>	<b>Date (mm/yyyy)</b>	<b>Institution</b>	<b>Location</b>
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**Undergraduate students...** Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**Graduate students...** Field of concentration: \_\_\_\_\_

**Would you like your transcripts evaluated** for potential transfer credit into a degree program? Yes No

## RELIGIOUS MINISTRY

**What Religious Denomination or Affiliation do you most associate with?**

**Name of your church:**

**Church address:**

**Church phone:**

**Name of pastor:**

**Are you currently ordained?** Yes No **By what organization?**

**Date of ordination (mm/yyyy):**

## Ministry and Christian Service

<b>Church or organization/location</b>	<b>Description</b>	<b>Date(s)</b>
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## EMPLOYMENT HISTORY

<b>Employer/location</b>	<b>Position</b>	<b>Date(s)</b>
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## ACKNOWLEDGEMENTS AND SIGNATURE

### Accreditation statement

Shiloh University is accredited by the Distance Education Accrediting Commission. However I acknowledge that accreditation is not a guarantee of credit transferability to other institutions. It is always up to the receiving institution whether or not to accept transfer credit.

### Code of Conduct

Shiloh University is a Christian school, and all courses are taught from this perspective. In keeping with this Christian mission, students must agree to abide by the University's **Code of Conduct**.

I have read and agree to abide the University Code of Conduct.

### Disability Statement

I have no physical limitations that would prevent success in my chosen program. i.e. I am physically able to operate a computer for extended periods of time.

By signing below, I hereby witness that the information I have provided in the above application is accurate and not misleading, and I acknowledge that I have read and understand the accreditation statement.

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Signature of applicant

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Date

## FINISH THE APPLICATION PROCESS

- 1) Email scanned application (must be signed), essay, and scanned copy of I.D. to [admissions@shilohuniversity.edu](mailto:admissions@shilohuniversity.edu) or mail your signed original application and materials to:  
Admissions  
Shiloh University  
100 Shiloh Drive  
Kalona, IA 52247
- 2) **Master/Doctoral degree applicants only:** have your recommendation form(s) sent directly or mail recommendation(s) (must be in sealed envelope provided by the recommender) to Shiloh University.
- 3) Request to have your official school transcripts sent directly to Shiloh University
- 4) You will be given the Admissions Review Committee's decision within two weeks after the admissions deadline. Note that the Committee reserves the right to request references if it is deemed necessary after their initial application review.

Students who are admitted will receive access to the online classroom along with instructions on registering for classes.

*Shiloh University admits qualified students without regard to race, color, gender, national or ethnic origin, age, marital status, or disability. See Family Educational Rights and Privacy Act statement on Web site regarding confidentiality of student information.*