

Dear Friend in Christ,

Welcome to International Theological Seminary! The primary purpose of ITS is to provide education and training to ministers, Bible teachers, and Christian workers. This task is achieved with a positive commitment and belief that the Bible is God's infallible Word. As such, it is trustworthy, authoritative, and sufficient. Our only reason for existence is to further the Kingdom of Jesus Christ by helping to prepare students in their calling for Him!

ITS was established in 1982 as a non-profit, Evangelical, Interdenominational Bible Seminary. We provide ministry opportunities, training, credentials, and educational certification for theological students. The educational opportunities offered by ITS are all theological in nature and are not to be perceived, in any way, as secular. We do not offer any secular courses or degrees.

God has called and planted us to enhance His church. We were raised up to help you reach your ministerial and educational goals by providing you with excellent Bible based course material, a well-trained and caring staff, and ministerial credentials. ITS was the first Seminary on the Internet. We were created for you and are constantly exploring our own dimensions and increasing them as God directs. As you learn of us, you will discover that we have something for almost everyone.

We have a proven record of helping students achieve their educational goals. ITS is a certified Member of the Florida Council of Private Colleges and is accredited with the Accrediting Commission International for Schools, Colleges and Theological Seminaries. We are a Certified International Representative of the National Christian Counseling Association. ITS has also established its own loan program. Our success has been blessed. You can locate our website at: <http://www.its.edu>.

God bless all your endeavors for Him!

Dr. Kenneth A. Hughes - President

International Theological Seminary

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OFFICIAL ENROLLMENT FORM

Date: _____
Have you ever been a student of ITS? _____ If yes, when? _____

STUDENT INFORMATION

Last Name: _____ First: _____ M: _____
Address: _____
City: _____ St: _____ Country: _____ Zip Code: _____
Phone: _____ Fax: _____ Cell: _____
Email: _____ DOB: _____ Age: _____ Marital: _____ M/F: _____

*NOTE: Use name as it will appear on degree.

FORMER EDUCATION

Education – Secular (circle highest level attained):

High School: 12__ GED__ Vo/Tech: 1__ 2__
College: 1__ 2__ 3__ 4__ Bachelor__ Master__ Doctorate__ Other _____
Major: _____ Minor: _____

Education – Theological (circle highest level attained):

College: 1__ 2__ 3__ 4__ Bachelor__ Master__ Doctorate__ Other _____
Major: _____ Minor: _____

Beginning with High School, list all educational institutions attended:

Name of Institution:	Dates:	Major:	Degree received:

*Please list others on a separate page.

Ministry Work

Church background: _____

Present church: (please do not abbreviate)

Name: _____

Address: _____

Pastor: _____

Phone: _____

Do you have a definite call on your life to enter the full-time ministry?

Yes__ No__

Are you presently: Licensed _____ Ordained _____ How long? _____

If not, would you like to receive information on: Licensing __ Ordination __

Name of Denomination/Organization: _____

Identify the area of ministry to which you feel God is calling (or has called) you:

Pastor: __ Evangelist: __ Missions: __ Counseling: __ Teacher: __

If you are currently working in the ministry:

What is your current position? () Pastor How long? _____

() Evangelist How long? _____

() Teacher How long? _____

() Counselor How long? _____

() Other How long? _____

Please answer as completely as possible:

Total non-theological transfer credits: _____

Total theological transfer credits: _____

Total Advanced Standing (life experience) credits: _____

(Advanced standing credits may be tabulated as 6 credits for each full year of ministry and 3 credits for each full year of part time ministry.)

Total credits now held: _____

Degree desired: _____

I do hereby affirm the following to International Theological Seminary: 1. All of the information I have provided is accurate and truthful. 2. I have read the catalog and understand the regulations governing ITS. 3. I am in agreement with the policies and standards of ITS. 4. I am willing to uphold these standards and live by them if I am accepted as a student ITS. 5. I acknowledge that no other representations have been made to me in writing, electronically, or orally other than what is stated in the catalog.

Signature: _____ Date: _____

Financial Agreement

Full tuition:

_____ 1.) I understand that the tuition payment for the degree program includes full tuition, enrollment fee, book fees for the first two courses of my program and shipping. All other courses will be paid for as I order them.

Monthly payments:

_____ 2.) I understand that my tuition down payment will include my first month's payment, \$25.00 enrollment fee, payment for the first two courses and shipping of my program. All other courses will be paid for as I order them. My monthly payment will be the balance of my account divided into _____ (max. 24) equal, consecutive, monthly installments. I understand that if I am unable to pay my tuition for two consecutive months, I will be considered withdrawn from the ITS program with all previous tuition and fees forfeited. I also understand that my payments must be made on an automatic withdraw basis on either the first or twenty-first of each month. I have included the "automatic tuition withdraw" form, including my choice of date for payment along with this application.

Signature: _____ Date: _____

Automatic Tuition Payments

A student who wishes to pay ITS tuition in payments, must choose one of the following options listed below. To terminate tuition payments, the student must contact the ITS Admissions office in writing. Tuition will be collected until ITS has received a written, signed termination no less than fourteen days in advance of the next payment. A late fee of \$20.00 will be assessed for any check that is returned to ITS for insufficient funds or for payments made ten days past due.

Choice of Payment: Full Monthly Credit card Check

Down payment for ITS programs includes:

First month's tuition payment, the enrollment fee (\$25.00) and book/shipping fees for the first two courses.

For Checking Account Withdraw:

U.S. Checks

The diagram shows a check with the following fields and labels:

- DATE**: 1001
- PAY TO THE ORDER OF**: _____
- \$**: _____
- DOLLARS**: _____
- YOUR FINANCIAL INSTITUTION**: _____
- BANK CITY, STATE, ZIP**: _____
- BANK PHONE**: _____
- FOR**: _____
- Bank Routing Number**: 1234567894
- Bank Account Number**: 0123456789012
- 1001**

Signature of primary account holder: _____ Date: _____

Name: _____ Relationship to Student: _____ Phone: _____

Name of Student: _____

Name of Bank: _____

Full address of bank: _____

Bank routing #: _____ Checking Acct. #: _____ Type: _____

Down payment amount: _____ Number of payments (up to 24): _____

Amount per month: _____ I have chosen the 1st _____ or 21st _____ Each payment will be withdrawn on the same day each month. Payments will begin: _____ And end: _____

*Yes, I would like my books charged to this account as I order them:

For Credit or Debit Card Withdraw:

International Theological Seminary (ITS) or its authorized administrator is hereby authorized to debit my credit or debit card account until this authorization is terminated in writing. I further authorize the credit company named below to pay and charge to my account those payments that are drawn on my account by ITS, and agree that the credit company named below shall be fully protected in honoring any such payments. The credit company's rights and treatment of each payment shall be the same as if it were signed by me. If any such payment is dishonored, whether with or without cause, I understand that the credit company shall not be liable whatsoever, even though such dishonor will result in the discontinuation of my degree program with no degree issued.

Signature of Cardholder: _____ Date: _____

Name: _____ Relationship to Student: _____ Phone: _____

Name of Student: _____

Billing Address: _____ City: _____ State or country: _____ Zip: _____

Card type: _____ Acct. #: _____ Exp: _____

Down payment amount: _____ Number of payments (up to 24): _____

Amount per month: _____ I have chosen the 1st _____ or 21st _____ Each payment will be withdrawn on the same day each month. Payments will begin: _____ And end: _____

*Yes, I would like my books charged to this account as I order them: