

APPLY FASTER ONLINE AT WWW.LUTHERRICE.EDU

LUTHER RICE COLLEGE AND SEMINARY

3038 Evans Mill Road
Lithonia, GA 30038
(770) 484-1204
(800) 442-1577
(770) 484-1155 Fax

18 FOR OFFICE USE ONLY 19

F.O. _____
A.O. _____ [] CR
PROG. _____
HRS. REQ. _____
HRS. TRANS. _____
HRS. THROUGH LR _____
E-TEST SCORE _____
ADVISOR _____

DATE _____

S.S.# _____ - _____ - _____

PLEASE CHECK ONE:

- New Applicant
 Readmission
 Please check one:
 Reapply into the same degree
 Change to a different degree
 Enter a higher degree

NAME OF APPLICANT Dr. _____
Rev. _____
Mr. _____
Mrs. Last First Middle Maiden
Miss _____

MAILING ADDRESS _____
Street or P.O. Box

City State US Zip Code Country

1. **Tel. #** [cell] (_____)
[home] (_____)

I give permission to Luther Rice to send me important updates via text and voice messaging. (Standard messaging charges apply).

2. **E-mail Address** _____
(Required for all new students)

3. **Date of Birth** _____

4. **Marital Status** single married divorced

5. **Sex** Male Female

6. **Denomination** Baptist Methodist Presbyterian
 Pentecostal/Charismatic Nondenominational
 Other (please write in) _____

7. **Ethnic Origin** (Check one of the following)

American Indian, Alaska Native Hispanic Black, non-Hispanic
 White, non-Hispanic Asian, Pacific Islander Non-Resident Alien

8. **Permanent Residence** State _____ Country _____

9. **Are you an F-1 Visa student?** Yes No

10. **Veteran** Yes No

11. **Have you ever been convicted of a felony?** Yes No
 (If yes, please include an explanation with this application.)

12. **Institutions Attended** (list school, city, state)

	Name	Major	Dates Attended	Degree Received	Office
Use Only					
High School	_____				
College	_____				
Seminary	_____				
Other	_____				

13. Check the degree program for which you are applying

<input type="checkbox"/> B.A.R.	120 hrs	<input type="checkbox"/> M.A.L.	36 hrs
<input type="checkbox"/> M.A.A.	36 hrs	<input type="checkbox"/> M.A.M.	36 hrs
<input type="checkbox"/> M.A.B.C.	36 hrs	<input type="checkbox"/> M.Div.	90 hrs
<input type="checkbox"/> M.A.C.S.	36 hrs	<input type="checkbox"/> D.Min.	30 hrs

14. Bachelor Applicants Only (Check the area of interest to be pursued.)

Ministry Biblical Counseling Christian Worldview

15. M.Div. Applicants Only (Check the area of interest to be pursued.)

Open Elective Track Biblical Language Track

16. Church Membership

Name of Church _____

Address _____

Web Address _____

Pastor's Name _____

Phone _____

17. Occupation (check all that apply)

Church or ministry position full time part time

Not a church or ministry position full time part time

18. How did you learn of Luther Rice College and Seminary?

Pastor Referral

Internet

Conference

Radio/Magazine

Alumni Referral

Other

Please Specify _____

19. Do you understand what it means to receive eternal life? ____ Yes ____ No

20. Have you trusted Jesus Christ as your personal Savior? ____ Yes ____ No

Please attach a short statement describing your conversion experience. Include what a person must believe and do to receive eternal life and when you took that step.

PAYMENT--If you desire to charge the \$50 application fee on your MasterCard, Visa, or Discover card, please complete the following information.

Account Number _____

3-digit CVV code _____

Exp. date _____

Billing Zip Code _____

APPLICANT'S AGREEMENT

(Circle your answers)

YES NO I have carefully read the "Standards of Conduct," and I agree to adhere to these completely as long as I am an active student at Luther Rice College and Seminary.

YES NO I have carefully read the "Financial Policy," and I agree to abide by all the policies set forth therein.

YES NO I have carefully read Luther Rice's "Doctrinal Statement," and I affirm my belief in each of the articles and agree to respect the entire doctrinal statement.

YES NO I have carefully read the mission, philosophy, and outcomes, and I understand and will respect the Institution's mission, philosophy, and outcomes.

YES NO I have carefully read the Luther Rice College and Seminary Privacy Policy, and I understand and will respect the School's policies and procedures associated with handling sensitive personal information and data.

YES NO I certify that to the best of my knowledge, all of the answers and statements in this application are true and give an accurate and adequate account of my background and beliefs.

Signature

Date

Admission to Luther Rice College and Seminary will not be granted unless the applicant can answer "Yes" to all six affirmations, the "Applicant's Agreement" is signed, the Application fee is included, all application documents are submitted, and is approved by the Admissions Department.

APPLICATION PROCESS

1. Apply online at www.LutherRice.edu or submit the application found at the back of this catalog with appropriate fee.
2. Have official transcripts* sent directly to Luther Rice. An official transcript request form is found online and in the back of this catalog. Transcripts from foreign institutions will be evaluated by Luther Rice. Evaluations may require the applicant to submit their transcript to a third party agency for a determination of U.S. Equivalency. Agencies will charge a fee for their services that is payable by the applicant.
3. Have the completed Christian character reference form sent to Luther Rice.
4. Complete the Bible content test online. This diagnostic test is part of the admissions process but does not determine eligibility to enter Luther Rice except at the doctoral level.
5. Doctoral students have additional requirements for admission (see p. 11).

*Transcripts from unaccredited institutions will be evaluated to the criteria outlined on page 13 (Transfer of Credit).

All required admissions documents must be received before a transcript review and course recommendations are possible.

LUTHER RICE COLLEGE AND SEMINARY

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Lithonia, Georgia 30038
(770) 484-1204
www.LutherRice.edu

CHRISTIAN CHARACTER REFERENCE

TO THE APPLICANT:

This questionnaire is to be completed by a pastor or church leader who is not a relative.

APPLICANT INFORMATION

Name of Applicant:	Dr.	Rev.	Mr.	Miss	Mrs.	_____	_____	_____	_____
						Last	First	M.I.	
Address of Applicant:	_____								

TO THE REFERENCE PROVIDER:

Your comments will be given serious attention and will be regarded as confidential. **Please mail this form directly to the Office of Admissions, Luther Rice College and Seminary, 3038 Evans Mill Road, Lithonia, Georgia 30038. It can also be sent by FAX to 770-484-1155 or by email to Admissions@LutherRice.edu.**

**DO NOT GIVE FORM BACK TO THE STUDENT.
SUBMIT IT DIRECTLY TO THE LUTHER RICE ADMISSIONS OFFICE.**

1. How well do you know the applicant? casually fairly well
 quite well How long? _____ years.
2. To the best of your knowledge, has the applicant made a personal profession of faith in Jesus Christ? Yes No Unknown
3. To what extent has the applicant participated in the activities of the church?

4. In your estimation, does the applicant exert a good influence on his/her peers?
 Yes No If not, please explain on the reverse side.

5. Are you aware of any personality traits which hinder the applicant in relationships with others? [] Yes [] No
If yes, please explain on the reverse side.

6. Please comment on any special circumstances, home conditions, etc., which might prove helpful in considering the applicant's admission to Luther Rice.

7. Please circle your recommendation of the applicant for admission to Luther Rice College and Seminary:

Highly recommended

Recommended

* Recommended with reservations

* Not Recommended

* Please indicate the reason(s) for this recommendation on a separate sheet.

Print Name: _____ Date: _____

Signature: _____

Church: _____ Position: _____

Address: _____

Street or P.O. Box

City

State

Zip

Web Address: _____

Phone number where you can be reached from 9 AM - 4 PM :

(_____) _____

Email Address: _____

DO NOT GIVE THIS FORM BACK TO THE STUDENT. SEND IT DIRECTLY TO THE LUTHER RICE ADMISSIONS OFFICE.

Applicant: Please photocopy this form, complete it (including signature), and send it to your high school and to each college, university, seminary, or institutions of higher learning you have attended.

Official Transcript Request

To: **Office of Admissions**

Name of High School, College, or Seminary

City

State

Zip

Please forward one (1) official copy of my transcript to:

Office of Admissions

Luther Rice College and Seminary

3038 Evans Mill Road

Lithonia, GA 30038

Student's name _____

Maiden or previous name(s) _____

Social Security Number _____

Branch or campus attended _____

Date first attended _____ Date last attended _____

Degree(s) Received _____

Enclosed is \$ _____ for cost of transcript.

Signature of Student

Date

Street Address

City

State

Zip

**Luther Rice College and Seminary * Office of Admissions
3038 Evans Mill Road * Lithonia, GA 30038 * 1-800-442-1577**

For specific information or questions you might have, please use our phone and email contacts below.

Luther Rice College and Seminary
3038 Evans Mill Road
Lithonia, GA 30038

Phone/Fax

General Information	770-484-1204	Local
	1-800-442-1577	Toll Free
General Fax	770-484-1155	
Finance Office Fax	678-990-5388	

Email

Main Address	information@LutherRice.edu
Admissions Office	admissions@LutherRice.edu
Registrar's Office	registrar@LutherRice.edu
Student Accounts	studentaccounts@LutherRice.edu
Financial Aid	financialaid@LutherRice.edu
Library	library@LutherRice.edu
International Ministries	intlmin@LutherRice.edu
Student Services	studentservices@LutherRice.edu
Development/Gifts	Louis.Hardcastle@LutherRice.edu
Alumni	alumni@LutherRice.edu
Information Technology	infotech@LutherRice.edu

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www.linkedin.com (Join us at the group

Luther Rice College & Seminary)

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www.google.com/+

**Contact the Admissions Office
for enrollment information at
1-800-442-1577 or Admissions@
LutherRice.edu.**

**Are you juggling life, work, family,
and ministry?**

We'll meet you right where you are!