



TRINITY
SOUTHWEST
UNIVERSITY

TSU APPLICATION
FOR ADMISSION

Rev. Dr. Mr. Mrs. Ms. Miss. Male Female Date _____

Name _____ SSN _____

Address _____ Date of Birth ____/____/____

City _____ State _____ Zip Code _____ Ethnicity _____

Phone (Home) _____ (Cell) _____ (Office) _____

Email _____

I am applying for admission to TSU as a student in the below-indicated category:

- | | | |
|---|--|---|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Undergraduate Diploma Program | |
| <input type="checkbox"/> Bachelor of Arts | <input type="checkbox"/> Bachelor of Religious Studies | <input type="checkbox"/> Non-Matriculated Undergraduate |
| <input type="checkbox"/> Master of Arts | <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Non-Matriculated Graduate |
| <input type="checkbox"/> Doctor of Philosophy | <input type="checkbox"/> Doctor of Ministry | <input type="checkbox"/> Non-Matriculated Doctoral |

If applying as a degree, diploma or non-matriculated student, identify the primary area in which you wish to study:

- | | | |
|---|---|--|
| <input type="checkbox"/> Biblical & Theological Studies | <input type="checkbox"/> Archaeology & Biblical History | <input type="checkbox"/> Biblical Counseling |
| <input type="checkbox"/> Biblical Representational Research | <input type="checkbox"/> Biblical Theology & Leadership Development | |
| <input type="checkbox"/> University Studies (Interdisciplinary Studies) | | |

Education History: List all schools/institutions from which you have earned a degree (if applying for admission as a degree student, official transcripts are required from each school attended).

College/University/Seminary/Other	Year Graduated	Degree Earned	Major/Minor Studies	Credits Earned

Non-Refundable Application Fee Payment Options: (payment must accompany the Application)

- I have included a check or money order for \$100 with this Application.
 Charge the \$100 Application Fee to my: VISA Master Card Discover

Credit Card Number _____ Expiration Date _____

V-Code (3 digit code on back of credit card) _____

Credit Card Billing Address _____

Signature _____ Date _____

Signature _____ ***Date*** _____

Please remit to: Trinity Southwest University, Admissions, 7600 Jefferson NE, Suite 28, Albuquerque, NM 87109