



3401 Brook Road, Richmond, VA 23227  
 Telephone: 800.229.2990 | Fax: 800.665.8679 | Email: admissions@upsem.edu

## LIMITED ENROLLMENT APPLICATION

### Limited Enrollment (non-degree study)

- Charlotte Campus  
 Richmond Campus

### Anticipated Enrollment Date

- Fall  Spring  Summer  
 April  May  
 20\_\_\_\_

Mail to:

Director of Admissions  
 Union Presbyterian Seminary  
 3401 Brook Road  
 Richmond, VA 23227

### 1. PERSONAL INFORMATION

Name \_\_\_\_\_  
 Last name on previous transcript(s) *(if different from above)* \_\_\_\_\_  
 Present mailing address \_\_\_\_\_  
 City / State / Postal or Zip Code / Country \_\_\_\_\_  
 E-mail \_\_\_\_\_ Mobile phone \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
 Permanent mailing address *(if different from above)* \_\_\_\_\_  
 City / State / Postal or Zip Code / Country \_\_\_\_\_  
 Current occupation \_\_\_\_\_  
 Citizenship \_\_\_\_\_ Visa Type \_\_\_\_\_  
 Social Security Number, *if any* \_\_\_\_\_  
 Alternate contact person *(who might be able to locate you if the need arises)*  
 \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### 2. CHURCH RELATIONSHIPS

Denomination (full name) \_\_\_\_\_  
 Current Congregation \_\_\_\_\_ How long? \_\_\_\_\_  
 Congregation Address \_\_\_\_\_  
 Pastor's Name and Phone \_\_\_\_\_  
 (If PCUSA) Presbytery \_\_\_\_\_ Synod \_\_\_\_\_

### 3. EDUCATIONAL INFORMATION

List colleges, universities, and graduate institutions you have attended, including those from which you did not graduate. It is the responsibility of the applicant to request that these institutions send official transcripts directly to the Office of Admissions at Union Presbyterian.

#### Undergraduate:

Name of institution \_\_\_\_\_ Location \_\_\_\_\_  
 Major field(s) of study \_\_\_\_\_ Attended from \_\_\_\_\_ To \_\_\_\_\_ Degree Received \_\_\_\_\_ Year \_\_\_\_\_  
 Name of institution \_\_\_\_\_ Location \_\_\_\_\_  
 Major field(s) of study \_\_\_\_\_ Attended from \_\_\_\_\_ To \_\_\_\_\_ Degree Received \_\_\_\_\_ Year \_\_\_\_\_

#### Graduate:

Name of institution \_\_\_\_\_ Location \_\_\_\_\_  
 Major field(s) of study \_\_\_\_\_ Attended from \_\_\_\_\_ To \_\_\_\_\_ Degree Received \_\_\_\_\_ Year \_\_\_\_\_  
 Name of institution \_\_\_\_\_ Location \_\_\_\_\_  
 Major field(s) of study \_\_\_\_\_ Attended from \_\_\_\_\_ To \_\_\_\_\_ Degree Received \_\_\_\_\_ Year \_\_\_\_\_

