



# Westminster Seminary California

Office of Admissions  
1725 Bear Valley Pkwy  
Escondido, CA 92027-4128  
888/480.8474 • FAX 760/480.0252  
www.wscal.edu

### Application Checklist:

- Submit signed application form to WSC Office of Admissions
- Application fee of \$15; check made payable to Westminster Seminary California
- Official transcript documenting completion of Bachelor's degree
- TOEFL/TWE scores, if applicant is not a native English speaker

## VISITING STUDENT APPLICATION

When do you plan to begin studies at Westminster Seminary California? Year: \_\_\_\_\_

- Summer     Fall     Winter     Spring (See catalogue for dates of each term)

### Contact Information (Please print clearly)

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE

Permanent Mailing Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
HOME CELL

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender:  Male  Female

SSN: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

If not a U.S. Citizen, please check applicable box:

- Permanent Resident     F-1/F-2 Visa     B-1/B-2 Visa     Processed 1551 for Permanent Residency
- Refugee     Temporary Resident/Amnesty     Other: (please specify) \_\_\_\_\_

Name of parent/s or closest living relative, and relationship to you: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

### Marital Status

- Single     Married     Widowed     Separated     Divorced

Spouse's full name: \_\_\_\_\_

Name of spouse's parent/s, address, phone number: \_\_\_\_\_

## Academic Background

List all institutions attended beyond high school. Please request that official transcripts be sent by each institution to the Office of Admissions, Westminster Seminary California, 1725 Bear Valley Parkway, Escondido, CA 92027-4128.

Name of Institution	Dates Attended	Degree or Diploma	Year Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Undergraduate Major/s: \_\_\_\_\_ Minor/s: \_\_\_\_\_

## Ecclesiastical Affiliation

Of which congregation are you a member? \_\_\_\_\_

If this is not where you regularly worship, please also give the name, address, and denomination (if any) of your current congregation:

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

## Additional Information

How did you first hear about Westminster Seminary California?: \_\_\_\_\_

Have you ever been convicted of a felony?:  No  Yes

*If yes, please discuss the circumstances and resolution thereof on a separate sheet of paper.*

TOEFL/TWE – Applicants whose native language is other than English must take the Test of English as a Foreign Language (TOEFL). Applicants must request that the Educational Testing Service send a transcript of their scores directly to the Seminary (code 4980). Applications cannot be processed until the score transcript has been received from ETS. Additional information is contained in the Seminary’s current Academic Catalogue.

Date TOEFL/TWE was or will be taken: \_\_\_\_\_

## Statement of Reasons for Wishing to Pursue Theological Education

On a separate sheet, please include a brief summary of your Christian faith and commitment, and describe those convictions, experiences, and goals which are relevant to your desire to attend Westminster Seminary California.

*I affirm that the information provided on this Application for Admission is true and complete. I have read summaries of the Seminary’s policies on Behavioral Expectations, Plagiarism, and Substance Abuse in the current Catalogue; and I agree that, if admitted, I will comply with these policies while enrolled as a student of Westminster Seminary California.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_