

# Registration

Please fill out both registration panels and mail with your \$45 registration fee by March 14.

Mail to Seminary of the Southwest  
Visitors Weekend Registration  
P.O. Box 2247, Austin, Texas 78768

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Person(s) accompanying you, including name(s), relationship to you,  
ages of children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To help match you with a host student, please tell us:

married  single  kids  no kids

my family will stay back home while I am in seminary

Denomination (if any) \_\_\_\_\_

home Church (if any) \_\_\_\_\_

Status:  Lay  Nominee  Postulant  Clergy

**Click on Curriculum in pull-down menu at top of [www.ets.edu](http://www.ets.edu) homepage for current catalog and details of degree programs.**

Program(s) of greatest interest (indicate priority):

\_\_\_\_\_ Master of Divinity (MDiv)

\_\_\_\_\_ Master of Divinity  
(Hispanic Church Studies concentration)

\_\_\_\_\_ Master of Arts in Religion (MAR)

\_\_\_\_\_ Master of Arts in Pastoral Ministry (MAPM)

Discipleship  Spiritual Formation  Chaplaincy

\_\_\_\_\_ Master of Arts in Counseling (MAC)

\_\_\_\_\_ Diploma in Anglican Studies (DAS)

\_\_\_\_\_ Other: \_\_\_\_\_

# Accommodations:

\_\_\_\_\_ Please send information about area motels.

\_\_\_\_\_ I would prefer to stay on campus.

\_\_\_\_\_ I am willing to share a room.

\_\_\_\_\_ I live within an easy drive.

# Transportation:

\_\_\_\_\_ I plan to drive – please send directions to campus.

\_\_\_\_\_ I plan to fly.

\_\_\_\_\_ I will need transportation to and from airport.

Arrival date & time \_\_\_\_\_

Departure date & time \_\_\_\_\_

Plane  Car

# Admissions Interviews:

Formal admissions interviews will be conducted on Friday and Saturday. *Your application file should be complete before the interview.* Please indicate if you wish either:

Friday interview

Saturday interview

# Other:

\_\_\_\_\_ I want to attend a field study church  
on Sunday morning.

Special needs \_\_\_\_\_

\_\_\_\_\_

Special dietary needs \_\_\_\_\_

\_\_\_\_\_

Emergency contact: \_\_\_\_\_

\_\_\_\_\_