



Selma University

Office of Admissions and Records
1501 Boynton Street
Selma, AL 36701

GRADUATE APPLICATION FOR ADMISSIONS

Name: _____
First Middle Last Maiden (If Applicable)

Mailing Address: _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Date of Birth: ___ / ___ / ___ Social Security Number: XXX-XXX-_____

Religious Preference: _____ Gender: ___ Female ___ Male

Ethnicity: (Voluntary)

___ African American ___ Hispanic
___ Native American ___ Caucasian/White
___ Asian ___ Other _____

Are you a U.S. citizen? ___ Yes ___ No Are you in active-duty military? ___ Yes ___ No

Are you a veteran? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No (If yes, please explain in writing.)

Undergraduate School: _____ City: _____ State: _____

Undergraduate Degree: _____ (Official Transcripts Required)

Employer: _____ Phone: _____

Employer Address: _____ City: _____ State: _____

Semester You Would Like to Enroll: Fall 20___ Spring 20___

Program of Study: ___ Master of Arts, Bible and Pastoral Ministry ___ Master of Arts, Bible and Christian Education

Signature: _____ Date: _____