Dear Friend in Christ,

Welcome to International Theological Seminary! The primary purpose of ITS is to provide education and training to ministers, Bible teachers, and Christian workers. This task is achieved with a positive commitment and belief that the Bible is God’s infallible Word. As such, it is trustworthy, authoritative, and sufficient. Our only reason for existence is to further the Kingdom of Jesus Christ by helping to prepare students in their calling for Him!

ITS was established in 1982 as a non-profit, Evangelical, Interdenominational Bible Seminary. We provide ministry opportunities, training, credentials, and educational certification for theological students. The educational opportunities offered by ITS are all theological in nature and are not to be perceived, in any way, as secular. We do not offer any secular courses or degrees.

God has called and planted us to enhance His church. We were raised up to help you reach your ministerial and educational goals by providing you with excellent Bible based course material, a well-trained and caring staff, and ministerial credentials. ITS was the first Seminary on the Internet. We were created for you and are constantly exploring our own dimensions and increasing them as God directs. As you learn of us, you will discover that we have something for almost everyone.

We have a proven record of helping students achieve their educational goals. ITS is a certified Member of the Florida Council of Private Colleges and is accredited with the Accrediting Commission International for Schools, Colleges and Theological Seminaries. We are a Certified International Representative of the National Christian Counseling Association. ITS has also established its own loan program. Our success has been blessed. You can locate our website at: http://www.its.edu.

God bless all your endeavors for Him!

Dr. Kenneth A. Hughes - President
OFFICIAL ENROLLMENT FORM

Date: ____________________  
Have you ever been a student of ITS? _____ If yes, when? ____________

STUDENT INFORMATION

Last Name: _____________________ First: _________________ M: ________
Address: ________________________________________________________
City: ____________________ St: ______ Country: _____ Zip Code: ________
Phone: ________________ Fax: ____________________ Cell: ____________________
Email: ___________________ DOB: _________ Age: ___ Marital: ___ M/F: __
*NOTE: Use name as it will appear on degree.

FORMER EDUCATION

Education – Secular (circle highest level attained):
High School: 12__ GED__ Vo/Tech: 1__ 2__
College: 1__ 2__ 3__ 4__ Bachelor__ Master__ Doctorate__ Other _______________  
Major: ______________________________ Minor:______________________________

Education – Theological (circle highest level attained):
College: 1__ 2__ 3__ 4__ Bachelor__ Master__ Doctorate__ Other _______________  
Major: ______________________________ Minor:______________________________

Beginning with High School, list all educational institutions attended:

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<th>Name of Institution:</th>
<th>Dates:</th>
<th>Major:</th>
<th>Degree received:</th>
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*Please list others on a separate page.
Ministry Work

Church background: __________________________________________________________

Present church: (please do not abbreviate)

  Name: ________________________________________________________________
  Address: _____________________________________________________________
  Pastor: ______________________________________________________________
  Phone: ______________________________________________________________

Do you have a definite call on your life to enter the full-time ministry?
  Yes__ No __

Are you presently: Licensed ______ Ordained ______ How long? _____________

If not, would you like to receive information on: Licensing __ Ordination __

Name of Denomination/Organization: ______________________________________

Identify the area of ministry to which you feel God is calling (or has called)
you:

  Pastor: ___ Evangelist: ___ Missions: ___ Counseling: ___ Teacher: ___

If you are currently working in the ministry:

  What is your current position? ( ) Pastor How long? _____
  ( ) Evangelist How long? _____
  ( ) Teacher How long? _____
  ( ) Counselor How long? _____
  ( ) Other How long? _____

Please answer as completely as possible:

  Total non-theological transfer credits: ____________
  Total theological transfer credits: ____________
  Total Advanced Standing (life experience) credits: ____________

(Advanced standing credits may be tabulated as 6 credits for each full year
of ministry and 3 credits for each full year of part time ministry.)

  Total credits now held: ____________
  Degree desired: ____________

I do hereby affirm the following to International Theological Seminary: 1. All of the
information I have provided is accurate and truthful. 2. I have read the catalog
and understand the regulations governing ITS. 3. I am in agreement with the
policies and standards of ITS. 4. I am willing to uphold theses standards and live
by them if I am accepted as a student ITS. 5. I acknowledge that no other
representations have been made to me in writing, electronically, or orally other
than what is stated in the catalog.

Signature: ____________________________ Date: ___________
Financial Agreement

Full tuition:
_____1.) I understand that the tuition payment for the degree program includes full tuition, enrollment fee, book fees for the first two courses of my program and shipping. All other courses will be paid for as I order them.

Monthly payments:
_____2.) I understand that my tuition down payment will include my first month’s payment, $25.00 enrollment fee, payment for the first two courses and shipping of my program. All other courses will be paid for as I order them. My monthly payment will be the balance of my account divided into _______ (max. 24) equal, consecutive, monthly installments. I understand that if I am unable to pay my tuition for two consecutive months, I will be considered withdrawn from the ITS program with all previous tuition and fees forfeited. I also understand that my payments must be made on an automatic withdraw basis on either the first or twenty-first of each month. I have included the “automatic tuition withdraw” form, including my choice of date for payment along with this application.

Signature: ________________________________________ Date: ___________
Automatic Tuition Payments

A student who wishes to pay ITS tuition in payments, must choose one of the following options listed below. To terminate tuition payments, the student must contact the ITS Admissions office in writing. Tuition will be collected until ITS has received a written, signed termination no less than fourteen days in advance of the next payment. A late fee of $20.00 will be assessed for any check that is returned to ITS for insufficient funds or for payments made ten days past due.

Choice of Payment: Full ___ Monthly ___ Credit card ___ Check ___

Down payment for ITS programs includes:
First month’s tuition payment, the enrollment fee ($25.00) and book/shipping fees for the first two courses.

For Checking Account Withdraw:

For Credit or Debit Card Withdraw:

International Theological Seminary (ITS) or its authorized administrator is hereby authorized to debit my credit or debit card account until this authorization is terminated in writing. I further authorize the credit company named below to pay and charge to my account those payments that are drawn on my account by ITS, and agree that the credit company named below shall be fully protected in honoring any such payments. The credit company’s rights and treatment of each payment shall be the same as if it were signed by me. If any such payment is dishonored, whether with or without cause, I understand that the credit company shall not be liable whatsoever, even though such dishonor will result in the discontinuation of my degree program with no degree issued.

Signature of Cardholder: ____________________________ Date: ____________
Name: ____________________________ Relationship to Student: _______________ Phone: __________
Name of Student: _______________________________________________________________________
Billing Address: __________________________ City: _______________ State or country: ____ Zip: __
Card type: _______________ Acct. #: ______________________________________ Exp: ____________
Down payment amount: ____________________ Number of payments (up to 24): _______________
Amount per month: _________________ I have chosen the 1st___ or 21st____ Each payment will be withdrawn on the same day each month. Payments will begin: _____________ And end: _______________
*Yes, I would like my books charged to this account as I order them: ____