

EDUCATIONAL DATA

Do you have an undergraduate degree? YES NO, I only plan to audit classes at Trinity

Undergraduate Institution: _____

Degree: _____ Major: _____ Year: _____

Other academic institutions attended _____

Other degrees granted (please provide year) _____

ADDITIONAL DATA

Denomination _____ Synod/Region/Diocese _____

Present congregational membership _____

Name _____

City/State _____

What influenced your decision to apply to Trinity Lutheran Seminary?

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> Alumna/Alumnus | <input type="radio"/> Pastor/Bishop | <input type="radio"/> Faculty member |
| <input type="radio"/> Staff member | <input type="radio"/> Current student | <input type="radio"/> Campus visit |
| <input type="radio"/> Web site | <input type="radio"/> Mailing | <input type="radio"/> Other: _____ |

If an individual influenced your decision, please indicate the person's name _____

OPTIONAL DATA

This information is for reporting purposes only. It is not considered in the admissions process. Please check all that apply.

What is your ethnicity?

- Hispanic/Latino
- Other _____

What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other _____

Please return this form and any accompanying documents to:

**Trinity Lutheran Seminary
Office of Admissions
2199 East Main Street
Columbus, OH 43209-2334**

For additional assistance, please contact the Office of Admissions at admissions@TrinityLutheranSeminary.edu or 866.610.8571. Fax: 866.610.8572.