APPLICATION FOR CHURCH PROFESSIONS

REFERENCE 1

Send to:

European Theological Seminary z.H.: Registrierung Rippoldsauer Str. 50, 72250 Freudenstadt-Kniebis GERMANY

Tel.- +49 (7442) 4905-0 Fax.- +49 (7442) 4905-44 E-Mail: alina.pesel@ets-kniebis.de

Name and Address of Applicant
Signature
has applied for admission as a full-time student at the European Theological Seminary for
the school term beginning20
The applicant has given us your name in order to obtain helpful information about his/her
general suitability for the desired training at our Seminary.
We therefore kindly request your help in coming to a decision regarding his/her admission
by completing and returning to us the short questionnaire on the back of this letter.
by completing and retaining to as the short questionnaire on the back of this letter.
Thank you for your assistance.
Very cordially,
European Theological Seminary

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	For office use only
	Applicant
	Date received
	Interviewed
In what way and for how long have you known the ap	plicant?
How do you view the decision of the applicant to seek Theological Seminary to receive training for Christian	·
In what ways do you consider the applicant suitable for training he/she seeks to receive at the European Theo	·
What concerns, if any, do you have in the matter, in ge	eneral?
Which personal traits of the applicant do you find part in our decision regarding admission? Negative Traits:	, ,
Positive Traits:	
Date, Place	Signature