



**SAINT TIMOTHY THEOLOGICAL INSTITUTE & SEMINARY, INC.
APPLICATION FOR EXTENSION SCHOOL**

Name of Institution: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Name of person submitting application: _____

Relationship to this school: _____

Is this school part of another organization? If so what is their name and location? _____

The school is a: Secular School _____ Religious School _____ Both _____

Date Began: _____ State in which licensed: _____

Check all that apply:

This school offers: Distance Education _____ Correspondence Courses _____

Classroom Courses _____ Extension Courses/Classes _____

This school offers: Certificates _____ Diplomas _____ Degrees _____

Degree levels offered: Associate _____ Bachelor _____ Master _____

Doctoral _____ Postdoctoral _____ Other _____

Names of Staff

Highest Degree Earned

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does this school own or rent any facilities? If so, which and what are the building sizes and the number of classrooms available? (Does not apply if a correspondence school)

Denominational affiliation or theological perspective of teachings: _____

Are ordinations, clergy credentials, or certifications available? If yes, what are they?

Does the school seek Accreditation: YES _____ NO _____

Does tuition cover the cost of all textbooks and materials the student will need? If not, please explain:

Please include the \$200.00 Affiliation Fee.
Fee will be refunded if application has not been approved.

Mail to:

P.O. Box 241220
Indianapolis, Indiana 46224

Signature: _____ Date: _____

Printed Name: _____