WESTERN W SEMINARY

Please note, this form and accompanying tuition payment must be received by Western Seminary no later than the first day of the Perspectives class. We regret that late registrations cannot be accepted. Prior to your first class session, please ask your Perspectives Coordinator to contact Western Seminary Intercultural Studies Administrator Karen Hedinger at (503) 517-1904.

Mr. Miss Ms. Mrs.	Rev. 🔲 Dr.	☐ Male ☐ Female
Full Name		Student ID
First Middl	le Last	
Address	City	
State Zip	Cell Phone ()
Home Phone ()	Work Phone ()
Email	SSN	
Date of Birth Place of	Birth Country of C	citizenship
Name of Church Hosting Perspectives Co	ourse	
Name of Perspectives Coordinator		
	Coordinator's Ph	
same consideration whether or not you do		i, but your application will be given the
Are you of Hispanic, Latino, or Spanish What is your race? Please select only or American Indian or Alaska Native Asian Black or African American		nder 🗆 Other
If you are an international student or n	on-resident alien, please identify your vis	sa type:
Names of All Colleges/Universities Attended Dates Attended		Degrees or diplomas (if earned)
	From To	
	From To	
	ToTo	

Statement of Faith, World Evangelical Alliance

We believe...in the Holy Scriptures as originally given by God, divinely inspired, infallible, entirely trustworthy; and the supreme authority in all matters of faith and conduct...One God, eternally existent in three persons, Father, Son, and Holy Spirit...Our Lord Jesus Christ, God manifest in the flesh, His virgin birth, His sinless human life, His divine miracles, His vicarious and atoning death, His bodily resurrection, His ascension, His mediatorial work, and His personal return in power and glory...The Salvation of lost and sinful man through the shed blood of the Lord Jesus Christ by faith apart from works, and regeneration by the Holy Spirit...The Holy Spirit, by whose indwelling the believer is enabled to live a holy life, to witness and work for the Lord Jesus Christ...The Unity of the Spirit of all true believers, the Church, the Body of Christ...The Resurrection of both the saved and the lost; they that are saved unto the resurrection of life, they that are lost unto the resurrection of damnation.

I fully agree with all elements of the Statement of Faith printed above.



Have you ever taken a course at Western Seminary? ______ If so, when? ______

Please provide a statement concerning your acceptance of Jesus Christ as your personal Lord and Savior:

Please provide a statement regarding your purpose for enrolling in Perspectives through Western Seminary:

CAMPUS LOCATION: Portland San Jose Sacramento		
	OFFICE USE ONLY	
SEMESTER: Fall Spring Summer Year		
COURSE ID: C	REDITS: 3 TUITION: \$555	Admission Approved
By signing below, I give Western Seminary permission to register me for the course listed above. I agree to pay the appropriate tuition. Additionally, I agree to adhere to the policies of Western Seminary as explained in the current catalog and handbook.		Student ID
Signature	Date	Registration Completed
Please submit this form and tuition payment to:		
WESTERN SEMINARY		
Attn: Hanna		
5511 SE Hawt		
Portland, OR 9		
(877) 517-1800 or		
(503) 517-2	1801 fax	