

Application for Admission

Second Baccalaureate Degree, in Theology

Little Rock Theology Institute

2500 N. Tyler	Little Rock, AR
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1900 West MacArthur Shawnee, OK

Student Informa	tion					
Name:						
	Last	First			Middle	
Address:				Home Phone #:		
	Street					
	-			Cell Phone #:		
	City	State	Zip - ··			
Student ID or SS #:			Email:			
Date of Birth:			Place of Birth:			
Catholic?:	Yes No	If Yes, Parish:				
Dravious Assidor	aia Uistora	Name			City	
Previous Acaden High School/College,		Vears	Degree		Date Conferred	
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			<u> </u>			
		nt must already have earn egree. This program is fo			ed college or university, or be	
		Please have all college	•			
		Gregory's University, 19				
Optional The follow	ving information is use	d for Oklahoma State B	oard of Regents re	porting purposes o	nly.	
Relig	gious Preference:			-		
US Citizen? Oklahoma	Yes No	If No, what Country?				
Resident?	Yes No	If Yes, what County?				
Hispanic?						
•						
	American Indian	or Alaska Native	Asian	Black or Afr	ican American	
(Choose one or more race)	Native Hawaiian	or Other Pacific Islan	der	White		
Emorgonau Cont	aat					
Emergency Cont	act					
Name: Phone:						
I hereby certify that the information in this application is true and accurate.						
Signature (required to	o process request)				Date	

Send completed form to: Jasmine Moore, Administrative Assistant, Office of Faith Formation Diocese of Little Rock, 2500 N. Tyler, Little Rock, AR 72207 (phone 501-664-0340 x 323)