

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

Name of Institution:			
Address:			
Telephone Number:		il Address:	
Name of person submitti	ing application:		
Relationship to this scho	ool:		
Is this school part of and	other organization? If so w	hat is their name and loc	eation?
The school is a: Secular	ar School	Religious School	Both
Date Began:	State in which	licensed:	
Check all that appl	y:		
This school offers:	Distance Education Correspondence Courses		
	Classroom Courses	Extension C	Courses/Classes
This school offers:	Certificates	Diplomas	Degrees
Degree levels offered:	Associate	Bachelor Ma	aster
	Doctoral	Postdoctoral	Other
Names of Staff		Highest Degree Earned	

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Does this school own or rent any facilities? If so, which and what are the building sizes and the number o 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 441457 Indianapolis, Indiana 46244			
Signature: Date:			

Printed Name: _____