

# REGISTRATION PACKET



Rev. Dr. Ronald I Jackson (Dean)  
Rev. Dr. William Sanford Jr. (President)

# DELAWARE THEOLOGICAL SEMINARY

623 ½ South Heald Street  
Wilmington, Delaware 19801  
(302) 276 2245 or (267) 973 7809  
Philadelphia Campus  
2450 W Sergeant Street Phila Pa, 19132

## CALENDAR FOR MAY-JUNE 2020

Classes begin May 9<sup>th</sup> - Ending June 29,2020

**Classes Meet/ Mondays & Thursdays (DE. Campus) 6:30-9:30pm**  
**Saturday's 9:00am-2:30pm (Phila. Campus)**

### May

Monday	Thursday	Saturday
		09
11	14	16
18	21	23
25	28	30

### June

01	04	06
08	11	13
15	18	20
22 Mid-Term	25 Mid-Term	27

## DELAWARE THEOLOGICAL SEMINARY SUMMER SEMESTER 2020

### COURSE OFFERINGS

<u>DAY</u>	<u>CLASS / INSTRUCTOR</u>	<u>TIME</u>	<u>CREDITS</u>
<b>Monday DE</b>	BT—330 / Intro to Nouthetic Counseling <i>Rev. Dr. Ronald L. Jackson</i>	6:30-9:30 p.m.	3
<b>Thursday Phila.</b>	TH—335 Soteriology <i>Rev. Dr. William Sanford Jr.</i>	6:30-9:30 p.m.	3
<b>Saturday Phila.</b>	NC—413 How to Help People Heal II <i>Dr. Bette Kennedy</i>	9:00am-11:30:am	3
<b>Saturday Phila.</b>	NC—414 Understanding Childhood Traumas <i>Dr. Bette Kennedy</i>	12:00pm-2:30pm	3

The purpose of our seminary is to provide opportunities for Biblical and Educational training. Our courses are designed to enable servants of Jesus Christ to prepare and fulfill God's call on their lives. Each student, through attending each course and also study on their own self-study, can acquire the knowledge and spiritual insights required for most ministries that our Lord Jesus Christ, would call you too. We ask that each student meet the following requirements:

1. Be on time (6:30 p.m.) and present in all classes. (Saturday 9:00 a.m.)
2. All reports must be typed.
3. You may bring tape recorders.
4. If you are having difficulty in any subject, please let your instructor know, and extra help will be given to you.
5. Weekly or Monthly payment plans are available upon request.
6. Taste and see scholarship available for freshman scholars.
7. **All bills must be paid in full before you can take finals.**

**DELAWARE THEOLOGICAL SEMINARY ADMISSION FORM**  
***SUMMER SEMESTER 2020***

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

MARITAL STATUS (CIRCLE ONE):   SINGLE     MARRIED     DIVORCED  

ADDRESS: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SS# \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CHURCH AFFILIATION: \_\_\_\_\_

CHURCH ADDRESS: \_\_\_\_\_

PASTORS NAME: \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS:**

1. DO YOU HAVE A RELATIONSHIP WITH THE LORD JESUS CHRIST? YES NO  
(EXPLAIN)  
\_\_\_\_\_  
\_\_\_\_\_

2. ARE YOU AN ACTIVE MEMBER OF A CHURCH? YES NO  
IF SO WHAT MINISTRY'S ARE YOU INVOLVED IN?  
\_\_\_\_\_  
\_\_\_\_\_

3. ARE YOU WILLING TO OBEY THE RULES AND REGULATIONS OF THE SEMINARY AND RESPECT THOSE THAT ARE IN AUTHORITY? YES NO

4. ARE YOU WILLING TO LIVE A SANCTIFIED LIFE WHILE ATTENDING THE SEMINARY? YES NO

**FORMAL EDUCATION**

HIGH SCHOOL Name \_\_\_\_\_ Date Graduated \_\_\_\_\_

COLLEGE Name \_\_\_\_\_ No. credit \_\_\_\_\_ DEGREE \_\_\_\_\_ Date \_\_\_\_\_

COLLEGE Name \_\_\_\_\_ No. credit \_\_\_\_\_ DEGREE \_\_\_\_\_ Date \_\_\_\_\_

Bible Inst courses \_\_\_\_\_ Bible Inst courses \_\_\_\_\_

Bible Inst courses \_\_\_\_\_ Bible Inst courses \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing this application form I am indicating that I will refrain from the use of tobacco, alcohol and x rated movies and will endeavor to live a holy life while attending Delaware Theological Seminary. I agree to Abide by and be subject to those whom God has appointed as faculty and officers.

**Signature** \_\_\_\_\_

**\$50.00 Registration Fee Courses \$100.00 Per Credit Hour Doctorial \$150.00 Per Credit Hour**

Delaware Theological Seminary  
Student Schedule Sheet

Name _____	Semester: Summer/ 2020
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Course No.	Course Title	Credit Hour	Day	Time	Instructor

\_\_\_\_\_  
President Pastor Wm. Sanford Jr.

\_\_\_\_\_  
Dean Pastor Ronald Jackson

Payment Receipt	Semester: Summer / 2020
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Registration Fee \$50.00

Total Credits \_\_\_\_\_ X \$100.00 \_\_\_\_\_

Total Due \_\_\_\_\_

Paid in Full \_\_\_\_\_  
 Payment Plan \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_  
 No. of \_\_\_\_\_  
 Amount \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Received By \_\_\_\_\_ Date \_\_\_\_\_

**\$50.00 Registration Fee Courses \$100.00 Per Credit Hour Doctorial \$150.00 Per Credit Hour**