



online signature page

Sioux Falls Seminary Online Application for Admission

Completing your Online Application

To complete your online application, please send this form, along with the application fee* to:

Sioux Falls Seminary
2100 S. Summit Avenue
Sioux Falls, South Dakota 57105

Signature Page Information and Consent

Name _____
Last First Middle

U.S. Social Security or Canadian Social Insurance Number _____

Address
Permanent _____
Street City State/Province Zip/Postal Code Country (if other than U.S.)

Mailing _____
Street City State/Province Zip/Postal Code Country (if other than U.S.)

Home Phone (____) _____ Work Phone (____) _____ E-mail _____

I declare all information presented in my online application is accurate and complete and verify that I have reviewed the student handbook and academic catalog and acknowledge the information stated and agree to adhere to the terms and rules stated within.

Signature _____ Date _____

**Please make checks payable to Sioux Falls Seminary.*