





**Section 3: Institution Information (P/DSO)**

**Name of Institution** \_\_\_\_\_

**Institution Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**P/DSO Name** \_\_\_\_\_

Last Name

First Name

**P/DSO Email** \_\_\_\_\_ **P/DSO Phone#** \_\_\_\_\_

**Additional Comments** \_\_\_\_\_

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Please sign and return this form to the Office of the Registrar at New Orleans Baptist Theological Seminary at the address listed below.

\_\_\_\_\_  
P/DSO Signature

\_\_\_\_\_  
Date

**Please Return this Form to:** Office of the Registrar  
New Orleans Baptist Theological Seminary  
3939 Gentilly Blvd, New Orleans, LA 70126

**OR Email this Form to:** international@nobts.edu

**Contact Information:** Office of the Registrar – International Student Specialist  
Phone: (504) 816-8037  
Email: international@nobts.edu

**SEVIS School Code:** Leavell College (New Orleans, LA) – NOL214F00115000  
New Orleans Baptist Theological Seminary (New Orleans, LA) – NOL214F00115000  
North Georgia Campus of NOBTS (Duluth, GA) – ATL214F01767000