



Health Statement

Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____

Applicant Email: _____ Applicant Phone Number: _____

Return Instructions

**For Applicants: 1. Check the box of the program you are pursuing.
2. Complete form, save changes, and upload to your application portal. Or print, fill, scan, and email/fax to the correct office.**

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> <u>Leavell College</u>
Leavell College Admissions
P.O. Box 285
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8453 | <input type="checkbox"/> <u>Graduate Program</u>
NOBTS Grad Admissions
P.O. Box 285
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8453 | <input type="checkbox"/> <u>Professional Doctorate</u>
NOBTS ProDoc Admissions
P.O. Box 220
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8170 | <input type="checkbox"/> <u>Research Doctorate</u>
NOBTS ReDoc Admissions
P.O. Box 286
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: 504.816.8039 |
|--|--|--|---|

Applicant Health Statement

NOTE TO APPLICANT

The theological education and ministry preparation provided at NOBTS and Leavell College require strenuous work on the part of our students. In addition, many of our students work and/or serve in ministries which add additional physical and emotional strains. In order to ensure our applicants are prepared to carry this load, we require the following information and assent.

APPLICANT INFORMATION

1. Are you aware of any physical health issues which could affect your ability to study or could be negatively impacted by intensive study?

2. Are there any additional health concerns you wish to disclose to the institution? If so, please provide details below.

STATEMENT OF CONSENT

I understand the risk inherent with intensive studies. I will monitor my personal health and seek medical attention should my health begin to suffer.

Agree Disagree