

* STUDENT NAME:

STUDENT YEAR:

- C Junior
- Middler
- Senior
- C 4th Year

ARE YOU A FULL-TIME OR PART-TIME STUDENT THIS YEAR:

- C Full-time
- C Part-time

WILL YOU BE ENROLLED IN CLASSES FOR BOTH SPRING AND FALL:

- Yes
- O No

BEST PHONE NUMBER TO CONTACT/TEXT:
YOUR (1 SENTENCE) HOPE FOR SPIRITUAL DIRECTION:
IS THERE ANYTHING ELSE THAT WILL HELP US PLACE YOU IN A GROUP FOR SPIRITUAL DIRECTION:
WOULD YOU PREFER:
C an In person group or,
C a virtual group that meets through zoom?
YOUR PREFERRED MEETING TIME:
C An evening
C Daytime
© Weekend
I AM INTERESTED IN SPIRITUAL DIRECTION WITH:
C Rev. Brandon J. Woodworth
C Ms. Joanne Spence
C Ms. Leanna Lake
O Dr. Martha Robbins
C Rev. Ayana Teter
○ No Preference, I'll leave it to the Spirit!
Groups are forming now to launch during the month of October.
SUBMIT
* required
,

Pittsburgh Theological Seminary 616 North Highland Avenue Pittsburgh, PA 15206 Phone: 412-362-5610



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