

# APPLICATION FOR ADMISSION

\_\_\_\_\_  
Last Name First Name Middle or Maiden Name  
Social Security # \_\_\_\_\_ Hm Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: [ ] Male [ ] Female  
Marital Status: [ ] Single [ ] Married [ ] Divorced [ ] Other \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ (City) \_\_\_\_\_ (State)  
What program do you wish to enroll? \_\_\_\_\_

## BACKGROUND INFORMATION *(Information taken to better serve you as a student.)*

Present Occupation: \_\_\_\_\_ How long? \_\_\_\_\_ Employer: \_\_\_\_\_  
Name of your local church: \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
Pastor's address: \_\_\_\_\_  
Are you a minister? [ ] Yes [ ] No Licensed? [ ] Yes [ ] No Ordained? [ ] Yes [ ] No  
Other? \_\_\_\_\_  
How long have you been in full-time service? \_\_\_\_\_ years \_\_\_\_\_ months  
What denomination do you classify yourself as being? \_\_\_\_\_  
Friend or next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

## ETHNIC ORIGIN *(This information required by the Civil Rights Act)*

[ ] Caucasian (non-Hispanic) [ ] Asian Pacific Islander [ ] Hispanic  
[ ] Black (non-Hispanic) [ ] American Indian/ Alaskan [ ] Other: Specify

## CITIZENSHIP

Country of Birth: \_\_\_\_\_ Are you a citizen of the United States? [ ] Yes [ ] No  
*IF NO, ANSWER FOLLOWING QUESTIONS:* Of what country are you a citizen? \_\_\_\_\_  
Are you a permanent U.S. resident? [ ] Yes [ ] No Alien Registration #: \_\_\_\_\_  
Do you presently have a U.S. Visa? [ ] Yes [ ] No If yes, what type? \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## EDUCATIONAL INFORMATION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of High School City County State  
Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_  
If you did not graduate, have you obtained a G.E.D.? [ ] Yes [ ] No When? \_\_\_\_/\_\_\_\_/\_\_\_\_

*List all colleges attended in chronological order (latest last). Attach additional sheets if necessary.*

Name of institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Degree(s) received: \_\_\_\_\_  
Hours Earned: \_\_\_\_\_ [ ] Semester [ ] Quarter

Name of institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Degree(s) received: \_\_\_\_\_  
Hours Earned: \_\_\_\_\_ [ ] Semester [ ] Quarter

*Continue on Back*

Name of institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Degree(s) received: \_\_\_\_\_  
Hours Earned: \_\_\_\_\_ [ ] Semester [ ] Quarter

Name of institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Degree(s) received: \_\_\_\_\_  
Hours Earned: \_\_\_\_\_ [ ] Semester [ ] Quarter

Are you currently enrolled in the last institution attended? [ ] Yes [ ] No

If so, what will be your last date of attendance? \_\_\_\_\_

Are you eligible for re-admission to that institution? [ ] Yes [ ] No

If no, are reasons: [ ] Academic [ ] Disciplinary [ ] Other (attach explanation)

Have you ever been convicted for the violation of any Federal, State, County, or Municipality Law? (*Excluding minor traffic violations*) [ ] Yes [ ] No If yes, give full details on an attached sheet of paper.

\$40.00 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH APPLICATION.

GRADUATION FEE OF \$300.00 TO BE PAID **BEFORE** GRADUATION

I have filled out this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. I do hereby agree to abide by the high ethical standards of the North Carolina College of Theology and to conduct myself in accordance to the expectation of the Seminary so that my life will bring glory and honor to the Lord, Jesus Christ.

I have read the Statement of Faith of the North Carolina College of Theology and agree to follow its doctrinal stand in accordance to the Word of God.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

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**To be filled out by Professor**

Amount of tuition for school year is: \$ \_\_\_\_\_ . \_\_\_\_\_ Entry level of student: \_\_\_\_\_

Give an explanation of life earned credits, if any. \_\_\_\_\_

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

List any special arrangements that have been made (if any).

\_\_\_\_\_  
*Signature of Professor*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*