



# Graduate Admission Application

Please attach a recent photograph of yourself to this application and enclose the required application fee of \$35.00. Also, request all applicable official transcripts to be sent directly from each institution to the IBC Admissions Office. Your application should be completely filled out for proper processing. Please type or print.

Check the enrollment period for which you are making application:

Fall                       January                       Spring                       Summer                      20\_\_

Check one box in each column:

New                               Transfer                       Day                               Degree-seeking

Returning                       Evening                       Non degree-seeking



### GENERAL INFORMATION

Are you applying for a residence hall reservation?  Yes  No

Sex:  Male  Female

Birthdate: \_\_\_\_\_

### CHURCH INFORMATION

Are you a church member?  Yes  No

Are you a church staff member?  Yes  No

If yes, what position? \_\_\_\_\_

Specific Denomination: \_\_\_\_\_

Full name of church of membership: \_\_\_\_\_

Last or Family Name: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name by which called: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Citizenship (country): \_\_\_\_\_

#### Present Mailing Address

Street or Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Permanent Home Address

Street or Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Street or Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Email: \_\_\_\_\_

Do you attend church regularly?  Yes  No

If yes, is it the same church as above?  Yes  No

If different, give specific denomination: \_\_\_\_\_

If different, give full name and address:

Name: \_\_\_\_\_

Street or Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Email: \_\_\_\_\_

**BACKGROUND INFORMATION**

Are you now or have you ever been under the supervision of a parole officer or the custody of a juvenile or other court?

Yes  No

Have you ever had a police record?  Yes  No

If yes, give dates: \_\_\_\_\_

(If answer to either of the above questions is "yes", give full information, including the name and address of the judge or probation office, on a separate sheet of paper.)

Have you ever served in the United States Armed Forces?

Yes  No

If so, give the dates: From \_\_\_\_\_ to \_\_\_\_\_

(If you have been separated from such service, state the nature of such separation, and if other than honorable, specify the type and the circumstances of your release.)

If not yet separated, give expected date of release: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Were you ever expelled, dropped, or suspended by any secondary school or college?  Yes  No

(If answer is "yes", state details on a separate sheet of paper. Include name of school, date, and reasons for such action.)

**Post-Secondary School Record**

1) Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Approximate Number of Credits: \_\_\_\_\_

Degree Received: \_\_\_\_\_

2) Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Approximate Number of Credits: \_\_\_\_\_

Degree Received: \_\_\_\_\_

3) Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Approximate Number of Credits: \_\_\_\_\_

Degree Received: \_\_\_\_\_

(Transcripts of the record of applicants transferring to IBC from another institution of higher learning will be required. Applicant must request the institution from which he or she is transferring to mail his or her transcript(s) directly to the IBC Admissions Office. Transcripts are accepted only when sent directly from the institution formerly attended. No reservation is final until all such transcripts are received.)

**FINANCIAL INFORMATION**

How do you plan to finance your education?

Are you eligible for education benefits under the GI Bill?

Yes  No

Do you desire financial assistance information and/or applications?

Yes  No

**VOCATIONAL OBJECTIVE**

Check the vocational objective that you intend to pursue:

- Master of Ministry
- Master of Arts in Biblical Studies
- Doctor of Ministry
  
- Post-Graduate Special  
(Non-degree seeking student)

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*I agree to abide by both the spirit and letter of all college regulations if accepted as a student at IBC. I certify that this application is true and correct to the best of my knowledge.*

*Signed:* \_\_\_\_\_

*Date:* \_\_\_\_\_

International Baptist College is a member of the Transnational Association of Christian Colleges and Schools (TRACS) [PO Box 328, Forest, VA 24551; Telephone: 434.525.9539; e-mail: info@tracs.org] having been awarded Reaffirmed status as a Category IV institution by the TRACS Accreditation Commission on November 29, 2005; this status is effective for a period of ten years. TRACS is recognized by the United States Department of Education (USDE), the Council for Higher Education Accreditation (CHEA) and the International Network for Quality Assurance Agencies in Higher Education (INQAAHE).