



Check the enrollment period for which you are making application:
 Fall January Spring Summer 20__

GENERAL INFORMATION

Gender: Male Female
 Dr. Miss Mrs.
 Last or Family Name: _____
 First Name: _____
 Middle Name: _____
 Name by which called: _____
 Birthdate: _____
 Social Security Number: _____ - _____ - _____
 Citizenship (country): _____

Present Mailing Address

Street or Box: _____
 City, State, Zip: _____
 Email Address: _____
 Phone Number: _____

CHURCH INFORMATION

Are you a church member? Yes No
 Full name of the church where you are a member:

 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

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.)
 Highest level of education achieved:
 High school Some college College degree
 Master's degree Terminal degree

FINANCIAL INFORMATION

Are you eligible for education benefits under the GI Bill?
 Yes No
 Do you desire financial assistance information and/or applications?
 Yes No

MEDICAL INFORMATION

Are you regularly taking medication? Yes No
 If yes, please name the medication:

 Do you have a medical condition? Yes No
 If yes, please explain: _____

PASTORAL RECOMMENDATION

I recommend without reservation this applicant for the Certificate of Biblical Studies program at IBC.

 Pastor's Signature Date

I agree to abide by IBC's standards of conduct and dress while on IBC property. I certify that this application is true and correct to the best of my knowledge.
 Student's Signature: _____
 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).

Registration Information

Name: _____ Date: _____

I have previously completed an application.

In the box below, please check (✓) the class(es) for which you are enrolling.

<u>Course Schedule—Spring 2010</u>			
January 18–May 15, 2010			
Class	Number of Credits	Meeting Times	Beginning Date
<input type="checkbox"/> Th 102 Theology 2	2	Tuesday & Thursday, 9:00 am – 9:50 am	Begins Jan. 19th
<input type="checkbox"/> Bi 221 Acts	2	Monday & Wednesday, 11:00 am – 11:50 am	Begins Jan. 18th
<input type="checkbox"/> Bi 122 Life of Christ	2	Monday, 7:00 pm – 9:00 pm	Begins Jan. 18th
<input type="checkbox"/> TH 202 Theology 4	3	Tuesday, 6:30 pm – 9:30 pm	Begins Jan. 19th

BILLING INFORMATION

One-time Application Fee:	<input type="checkbox"/> Included	<input type="checkbox"/> Not applicable	= <u>\$35.00</u>
Tuition:	Number of credit hours: _____	x <u>\$150.00</u>	= _____
Total Amount Due:			= \$ <u> </u>

PAYMENT INFORMATION

<input type="checkbox"/> Please bill the following credit card	Billing address (if different from address on the front)
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	_____
Card number: _____	Three-digit Security Code: _____ Expiration Date: ____/____

<input type="checkbox"/> I have included a check with this form
Check number: _____ Amount: _____

<input type="checkbox"/> I will pay on or before Registration Day (January 18, 2009)
--

Person responsible for payment: _____
Printed Name Signature

Date: _____