

# Immanuel Bible College and Baptist Theological Seminary

## Application for Admission

Fall Semester    Spring Semester    Summer Semester

Date of Enrollment: \_\_\_\_\_

**Before a student is considered for acceptance at Immanuel, the following criteria must be met:**

1. Complete this form and return with a \$50.00 non-refundable application fee.
2. Attach a recent photograph to application.
3. Attach a copy of your High School Diploma or GED.
4. Official transcripts of your credits from all previous schools must be sent to Immanuel to the attention of the Academic Dean.
5. Attach a Letter of Recommendation from the student's pastor and/or complete Christian character reference.

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### Personal Information

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

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current Marital Status: (Check all that apply.) Single \_\_\_\_\_ Married \_\_\_\_\_

Separated \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Spouse's Name: \_\_\_\_\_

### Educational Information

High School Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

School Street Address: \_\_\_\_\_

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

Colleges/Seminaries Attended: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**Note: Please have all transcripts sent to Immanuel to the attention of the Academic Dean.**

If you received a degree from another college/seminary, what was your major? \_\_\_\_\_

**Admission Information**

Application to Attend: (Check one.) \_\_\_\_\_ College \_\_\_\_\_ Seminary

Entrance Date: \_\_\_\_\_ Probable Major: \_\_\_\_\_

Do you anticipate receiving transfer credits? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been dismissed or put on academic or disciplinary probation from any school?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you incurred any educational debts that have not been paid in full while you have attended other educational institutions?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If "yes," please explain on a separate sheet of paper.)

**Military Information**

Have you ever served in the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_

What Branch of Service? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Discharge? \_\_\_\_\_ (If not honorable, please explain on a separate sheet of paper.)

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**Applicant's Personal Testimony**

Please give a brief answer to the following questions:

Have you received salvation? \_\_\_\_\_ How long? \_\_\_\_\_ Please give a brief testimony of your salvation: \_\_\_\_\_

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Are you actively participating in Christian service at present? Yes \_\_\_\_\_ No \_\_\_\_\_

In what type of Christian service have you participated (both currently and in the past)?

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Are you licensed to preach? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

By whom? \_\_\_\_\_

Are you ordained? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_ By

whom? \_\_\_\_\_

### **Confidential Information**

Do you attend church regularly? Yes \_\_\_\_\_ No \_\_\_\_\_ Denomination? \_\_\_\_\_

Name of Pastor \_\_\_\_\_

Name of Church Attending \_\_\_\_\_ Phone Number \_\_\_\_\_

Church Mailing Address \_\_\_\_\_

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Please answer Yes or No to the following questions: (If yes, please attach an explanation.)

Have you ever been suspended, expelled, or requested to withdraw from another school? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had any type of learning disability or impairment? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received treatment for any type of psychological disorders? Yes \_\_\_\_\_ No \_\_\_\_\_

### **References**

Please list the names of people from whom you are requesting referrals:

1. Pastor \_\_\_\_\_ Phone Number \_\_\_\_\_

2. \_\_\_\_\_ Phone Number \_\_\_\_\_

3. \_\_\_\_\_ Phone Number \_\_\_\_\_

**Note: Please complete the appropriate sections of the attached referral forms.**

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I certify that the information given on this application is complete and accurate, and verify my willingness to cooperate with the philosophy, purpose, and standards of Immanuel Bible College and Seminary. I agree to abide by the policies as set forth by the Board of Directors of the College. Falsification of any kind regarding this application may result in the cancellation of admission or dismissal from the College or Seminary.

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Signature of Applicant

Date

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**Transcript Request Form**

**Immanuel Bible College and Baptist Theological Seminary**

**To the Registrar or Principal:**

I have applied to Immanuel Bible or Theological Seminary for the Fall \_\_\_\_/Spring \_\_\_\_ Semester of the year \_\_\_\_\_.

Please send a copy of my College Transcript \_\_\_\_/High School Transcript \_\_\_\_ to:

Academic Dean  
Immanuel Bible College and Seminary  
P. O. Box 2667  
Peachtree City, GA 30269  
U.S.A.

Attach the "Personal Information" given below to the transcript prior to mailing:

**Personal Information**

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Birth Date \_\_\_\_\_ Graduation Date \_\_\_\_\_

If you need further information, please contact me at the following number: \_\_\_\_\_

Thank you for responding to this request as quickly as possible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: This form may be copied if necessary.**

**Immanuel Bible College and Baptist Theological Seminary  
P. O. Box 2667  
Peachtree City, GA 30269**

**Christian Character Reference**

***To be Completed by the Applicant:***

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

***To be Completed by the Church Leader:***

This questionnaire is to be completed by a Church Leader who is not a relative. Your comments will be given serious attention and will be regarded as confidential. Please mail the completed form directly to:

Office of Admissions  
Immanuel Bible College and Baptist Seminary  
P. O. Box 2667  
Peachtree City, GA 30269

1. How well do you know the applicant? Only slightly \_\_\_\_\_ Casually \_\_\_\_\_ Fairly well \_\_\_\_\_ Quite well \_\_\_\_\_ How long? \_\_\_\_\_
2. To the best of your knowledge, has the applicant made a personal profession of faith in Jesus Christ? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_
3. To what extent has the applicant participated in the activities of the Church? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. In your estimation, does the applicant exert a good influence on his/her peers? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain on the reverse side.
5. Are you aware of any personality traits which hinder the applicant in relationships with others? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain on the reverse side.
6. Please comment on any special circumstances, home conditions, health, etc., which might prove helpful in considering the applicant's admission to the College/Seminary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Please circle your recommendation of the applicant's admission to Immanuel Baptist College/Seminary:

**Highly Recommended**

**Recommended**

**\*Recommended With Reservations**

**\*Not Recommended**

**\*Please indicate the reason(s) on a separate sheet.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title or Position \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address: \_\_\_\_\_

Phone Number where you may be reached from 9:00 a.m. – 4:00 p.m. \_\_\_\_\_

**NOTE: This form may be copied if necessary.**