

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.

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.)

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: _____

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)?

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 _____

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.

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.

Signature of Applicant

Date

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.