

PENSACOLA THEOLOGICAL SEMINARY APPLICATION FOR ADMISSION

A ministry of PENSACOLA CHRISTIAN COLLEGE®

P.O. Box 18000 • Pensacola, FL 32523-9160 • U.S.A.

PTS.pcci.edu • PTSInfo@pcci.edu (info only) FAX: 1-800-722-3355 • (850) 479-6530 (International)

New Student Admissions Info: 1-877-PTS-GRAD (1-877-787-4723) • (850) 478-8496, Ext. 5241 (International)

Attach a small
photo here

First-Time Student—Complete all information and enclose \$40 Application Fee. During the application process, you will be requested to pay the appropriate Reservation Fee (\$45 summer; \$15 each Jan., May, Aug.; \$110 fall/spring).

Continuing Student (if course applying for is within 12 months of last course taken)—Complete only your name, address, telephone number, and section entitled "Admission Information," and return this form with appropriate Reservation Fee (\$45 summer; \$15 each Jan., May, Aug.; \$110 fall/spring).

Reenrolling Student (if course applying for is more than 12 months from last course taken)—Complete all sections except "Education." Return form with the \$40 Reenrollment Fee and appropriate Reservation Fee (\$45 summer; \$15 each Jan., May, Aug.; \$110 fall/spring).

Print all information in pen.

PERSONAL INFORMATION

Male Female

Mr./Mrs./Miss _____

Legal Name (Last/First/Middle/Maiden) _____

() _____

Home Telephone No. _____

() _____

Work Telephone No. _____

Mailing Address (Street/City/State/ZIP) _____

Social Security No. _____

E-Mail _____

Birth (Mo./Day/Yr.) _____

Place of Birth _____

Race _____

Height (Ft./In.) _____

Country of Citizenship: _____

Admission No.: List if Non-U.S. Citizen Permanent U.S. Resident _____

Marital Status

Married _____

Spouse's Full Name

Never Married

Widow/Widower

Divorced*

Separated*

Remarried*

Single Parent*

*Send letter of explanation with application.

ADMISSION INFORMATION (Check all appropriate boxes.)

New Enrollment

Reenrollment

1. Sessions Attending:

Summer ____ (Year) Circle Session(s) I II III IV V

Fall ____ (Year)

Spring ____ (Year)

Distance Learning ____ (Year)

January ____ (Year) Circle Module(s) I II

May ____ (Year) Circle Module(s) I II

August ____ (Year) Circle Module(s) I II

2. Desired Program:

D.Min. M.Div. M.A. in Bible Exposition

M.Min. M.C.M. M.A. in Biblical Languages

For M.C.M., indicate Conducting, Piano, or Voice _____

(See Seminary-Graduate Studies catalog for listings of programs, admission requirements, and residence options available for chosen program.)

3. Residence Options:

Two Summers (Bible Exposition & M.C.M. only)

Year round One-week modules Distance Learning

4. Housing:

A. Need residence hall reservation for:

Single (multiple occupancy)

Married couple (summer/one-week)

Spouse enrolled Yes No

B. Need assistance locating housing

5. Full-Time Christian Ministry:

Currently employed in full-time Christian ministry

Will be employed next year in full-time Christian ministry

6. Summer Extended Payment Plan: Yes No

(This plan does not apply to students who will be attending PTS year round or students attending fewer than three sessions this summer.)

CHRISTIAN EXPERIENCE

Have you trusted Jesus Christ as your Savior? Yes, when: _____ No

(Include salvation testimony on separate sheet of paper.)

Church Attendance: Attend regularly? Yes No

Church member? Yes, denomination: _____ No

Church Name _____

Pastor's Name _____

Church Mailing Address (Street/City/State/ZIP) _____

() _____

Telephone No. _____

EDUCATION

Learning Institutions: List all colleges, Bible institutes, or technical schools attended. Use a separate sheet for additional school information.

1. School Name _____

 Mailing Address (Street / City / State / ZIP) _____

 Dates Attended _____ Degrees Received _____

2. School Name _____

 Mailing Address (Street / City / State / ZIP) _____

 Dates Attended _____ Degrees Received _____

Transcripts: You must have an official copy of your transcript on file at Pensacola Christian College to enroll in the Seminary. It is the applicant's responsibility to request each institution to send an official transcript to PCC. Request forms are available in the Seminary-Graduate Studies catalog.

CONFIDENTIAL

Check appropriate boxes. For "yes" answers, give complete details on separate sheet of paper. Include explanation from the doctor, dean of students, court, or parole officer.

- Yes No Do you have or have you ever had any significant physical or learning impairment?
- Yes No Have you ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist?
- Yes No Have you in any way ever used alcoholic beverages, tobacco, or illegal or dangerous drugs?
- Yes No Were you ever expelled, dropped, or suspended by any college?
- Yes No Are you or have you ever been under the supervision of a parole officer or court, or charged with a violation of the law which resulted in or, if still pending, could result in probation, community service, a jail sentence, or the revocation or suspension of your driver's license?

REFERENCES

List all employers for the past five years (in order, most recent or current to earliest). Reenrolling students indicate present employer only. Use separate sheet of paper for additional employers, and state your current employer, job description, and personal and professional goals.

1. Most Recent/Current Company's Name _____ Position _____ Dates Employed _____

 Mailing Address (Street / City / State / ZIP) _____ Telephone No. _____

 Mr. / Mrs. / Miss _____
 Supervisor's Name _____ Supervisor's Title _____

2. Company's Name _____ Position _____ Dates Employed _____

 Mailing Address (Street / City / State / ZIP) _____ Telephone No. _____

 Mr. / Mrs. / Miss _____
 Supervisor's Name _____ Supervisor's Title _____

FEES PAYMENT

To pay fee(s) by credit card, fill out the following information **required** to process your application, **including** credit card number, expiration date, address information, Security Code, and name below.

Type of Fee Paid: Application Fee Reservation Fee Type of Card: Visa® MasterCard® Discover®

Card No. _____
 _____-_____-_____-_____
 Security Code: _____ Expiration Date: _____
 Last 3 digits from strip on back of card Month Year

Cardholder's Address Information

 _____-_____-_____
 P.O. Box, Rte., or House No. ZIP Code Cardholder's Name (Please print) _____

To fax application, you **must** fill in the above credit card information before transmitting BOTH SIDES of the completed application and any requested personal information to 1-800-722-3355.

APPLICANT'S AGREEMENT

I certify that the information given on this application is complete and accurate. _____
 Applicant's Signature Date

BE SURE TO ENCLOSE APPROPRIATE FEE(S).