

Faith International Bible College

APPLICATION FOR ADMISSION

PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION

Please PRINT clearly:

氏名 _____ ミドルネーム _____

自宅連絡先 _____ 勤務先連絡先 _____ 携帯 _____

_____ / _____ / _____ 性別: [] 男 [] 女

Social Security # _____ 生年月日 (月/日/年)

Marital Status: [] 未婚 [] 既婚 [] Divorced [] Other _____

出身地: (City and State) _____ Name of Spouse _____

住所 _____ Apartment # _____

市町村 _____ 都道府県 _____ 郵便番号 _____

E-mail _____ Program of Desired Enrollment _____

Degree Level of Enrollment: _____ Associate _____ Bachelor _____ Masters _____ Doctorate

BACKGROUND INFORMATION (*This information taken to better serve you as a student*)

現在の職業: _____ 期間 _____

勤務先: _____

所属教会: _____

住所: 市町村 _____ 都道府県 _____ 郵便番号 _____

主任牧師: _____ 連絡先: _____

Are you a minister? [] はい [] いいえ Licensed? [] はい [] いいえ

Ordained? [] はい [] いいえ その他 _____

How long have you been in full-time service? _____ 年 _____ ヶ月

To what denomination or organization do you belong or classify yourself? _____

Reference: Relative/Friend: _____ Relationship: _____

住所: 市町村 _____ 都道府県 _____ 郵便番号 _____ 連絡先 _____

ETHNIC ORIGIN

(This information required by the Civil Rights Act)

- 白人 (ノヒスパニック) アジア ヒスパニック
- 黒人 (ノヒスパニック) ネイティブアメリカン / アラスカ
- その他: 具体的に _____

CITIZENSHIP

出身国: _____

米国籍の有無 有 無

If NO, please answer the following questions

国籍 _____

米国永住権の有無 有 無

Alien Registration # _____

Do you presently have a U. S. Visa? 有 無

If yes, what type? _____ Expiration Date: _____

学歴

出身高校: _____

市町村: _____ 国: _____ 都道府県: _____

卒業年月日: _____ / _____ / _____

If you did not graduate, have you obtained a GED? Yes No When? _____ / _____ / _____

List ALL colleges attended in chronological order (latest last)...Attach additional sheets, if necessary.

Name of Institution: _____

市町村: _____ 都道府県: _____ D

在学期間: _____ ~ _____

Degree(s) received: _____

Hours Earned: _____ Semester Quarter

Name of Institution: _____

市町村: _____ 都道府県: _____

在学期間: _____ ~ _____

Degree(s) received: _____

Hours Earned: _____ [] Semester [] Quarter

Name of Institution: _____

市町村: _____ 都道府県: _____

在学期間: _____ ~ _____

Degree(s) received: _____

Hours Earned: _____ [] Semester [] Quarter

Are you currently enrolled in the last institution attended? [] はい [] いいえ

If so, what will be your last date of attendance? _____

Are you eligible for re-admission to any of the institutions listed? [] はい [] いいえ

If no, are reasons [] Academic? [] Disciplinary? [] Other (*attach explanation*)

ADDITIONAL INFORMATION

Have you ever been convicted for the violation of any federal, state, county, or municipality law? (*excluding minor traffic violations*) [] Yes [] No If yes, give full details on an attached sheet.

\$60.00 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH APPLICATION... UPON APPROVAL, ONE-THIRD OF TUITION MUST BE PAID AT REGISTRATION

TEXTBOOK FEES MUST BE PAID BEFORE RECEIPT OF ANY MATERIAL

GRADUATION FEES MUST BE PAID EACH YEAR, AS FOLLOWS: Doctoral Graduates BEFORE 1ST WEEK OF MARCH...Other Graduates BEFORE 1ST WEEK OF APRIL
BALANCE OF TUITION MUST BE PAID BY APRIL 15TH OF EACH YEAR

I have completed this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. I do hereby agree to abide by the high ethical standards set forth by the Faith International Bible College and to conduct myself in accordance to the expectation of FIBC in order for my life to bring glory and honor to the Lord, Jesus Christ.

I have read the Statement of Faith of the Faith International Bible College and agree to follow its doctrinal stand in accordance to the Word of God.

Signature

Date

TO BE COMPLETED BY PROFESSOR

School Year Date: _____ / _____ / _____

Please check one that applies:

___ Satellite Extension

___ Individual Study Program

___ Certificate in Biblical & Theological Studies

Name of Satellite Extension School _____

Name of Satellite Extension President _____

Amount of Tuition for School Year: \$ _____ . _____ Application Fee: \$60.00

Entry Level of Student: _____

Give an explanation of LIFE-EARNED credits (if any): _____

List any special arrangements that have been made (if any): _____

Signature of Professor Date

Height of Student	Weight Below	QTY	Height of Student	Weight Above	QTY
4'6"-4'8"	180LB		4'6"-4'8"	180LB	
4'9"-4'11"	180LB		4'9"-4'11"	180LB	
5'0"-5'2"	180LB		5'0"-5'2"	180LB	
5'3"-5'5"	180LB		5'3"-5'5"	180LB	
5'6"-5'8"	270LB		5'6"-5'8"	270LB	
5'9"-5'11"	270LB		5'9"-5'11"	270LB	
6'0"-6'2"	270LB		6'0"-6'2"	270LB	
6'3"-6'5"	330LB		6'3"-6'5"	330LB	
6'6"-6'8"	330LB		6'6"-6'8"	330LB	
6'9"-6'11"	330LB		6'9"-6'11"	330LB	

氏名 _____ 連絡先 _____

住所 _____

市町村 _____ 都道府県 _____ 郵便番号 _____

最終学歴 _____ 連絡先 _____

住所 _____

市町村 _____ 都道府県 _____ 郵便番号 _____

PLEASE PRINT

Please return this order form to Jorge Parrott, along with the graduation fees. Thank you.

書類の送り先、〒220-0005 横浜市西区南幸 2-16-20、愛多妥 直喜宛