



Faith International Bible College APPLICATION FOR ADMISSION

PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION

Please PRINT clearly:

Last Name First Name Middle or Maiden Name

Home Phone Work Phone Cell Phone

_____/_____/_____
Sex: [] Male [] Female

Social Security # Date of Birth (mm/dd/year)

Marital Status: [] Single [] Married [] Divorced [] Other _____

Place of Birth: (City and State) Name of Spouse

Mailing Address Apartment #

City State Zip

E-mail Address Program of Desired Enrollment

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

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

Present Occupation: _____ How long? _____

Employer: _____

Name of Local Church: _____

Address: City _____ State _____ Zip _____

Pastor's Name: _____ Contact Phone: _____

Are you a minister? [] Yes [] No Licensed? [] Yes [] No

Ordained? [] Yes [] No Other? _____

How long have you been in full-time service? _____ years _____ months

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

Reference: Relative/Friend: _____ Relationship: _____

Address: City _____ State _____ Zip _____ Phone _____

ETHNIC ORIGIN

(This information required by the Civil Rights Act)

- Caucasian (non-Hispanic) Asian Pacific Islander Hispanic
- Black (non-Hispanic) American Indian / Alaskan
- Other: Specify _____

CITIZENSHIP

Country of Birth: _____

Are you a citizen of the United States? Yes No

If NO, please answer the following questions

Of what country are you a citizen? _____

Are you a permanent U. S. resident? Yes No

Alien Registration # _____

Do you presently have a U. S. Visa? Yes No

If yes, what type? _____ Expiration Date: _____

EDUCATION INFORMATION

Name of High School: _____

City: _____ County: _____ State: _____

Date of Graduation: _____ / _____ / _____

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: _____

City: _____ State: _____

Dates attended: from _____ to _____

Degree(s) received: _____

Hours Earned: _____ Semester Quarter

Name of Institution: _____

City: _____ State: _____

Dates attended: from _____ to _____

Degree(s) received: _____

Hours Earned: _____ [] Semester [] Quarter

Name of Institution: _____

City: _____ State: _____

Dates attended: from _____ to _____

Degree(s) received: _____

Hours Earned: _____ [] Semester [] Quarter

Are you currently enrolled in the last institution attended? [] Yes [] No

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

Are you eligible for re-admission to any of the institutions listed? [] Yes [] No

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 North Carolina College of Theology and to conduct myself in accordance to the expectation of NCCT in order for my life to bring glory and honor to the Lord, Jesus Christ.

I have read the Statement of Faith of the North Carolina College of Theology 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	

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

School Attended _____ Phone _____

Address _____

City _____ State _____ Zip _____

PLEASE PRINT

Please return this order form to Naoki Atanda, along with the graduation fees. Thank you. **All**

documents go to Naoki Atanda Yokohama-shi Nishiku Minami saiwai 2-16-20 Ochu Yokohama Build. 9F