

reactivate application

This form is for individuals who have previously applied to BBC and are seeking to reactivate their application.

I PLAN TO ENROLL: Fall(Aug) 20 ____ Spring(Jan) 20 ____ Summer (May) 20 ____

I PLAN TO TAKE COURSES: Online On-campus

I PLAN TO BE ENROLLED: Full time Part time

HOUSING PLANS: On-campus Off-campus

(PLEASE PRINT)

Mr Mrs Miss

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Has your marital status changed since you first applied to BBC? No change Got married Got divorced

Maiden Name (if applicable) _____ First Name of Spouse (if applicable) _____

EDUCATIONAL INFORMATION

High School _____ Grad Date _____

Program you wish to enroll in _____

Please list each college or university attended since applying to BBC _____

****Please send official copy of transcripts with this application.****

CHURCH BACKGROUND

Church you attend _____

City _____ State _____ Denomination _____

Please have your pastor sign the following statement:

This student is in good standing with the above listed local church. Yes No

Pastor Name (please print) _____

Pastor Signature _____ Date _____

ACCEPTANCE AGREEMENT

The privilege of attending BBC is granted only to those who maintain desirable standards of scholarship and Christian conduct as specified in the college catalog and student handbook. The College reserves the right to determine which students it shall admit and to require the withdrawal of any student at any time who does not abide by the standards. Any behavior, either on or of campus, which demonstrates a disregard for the spirit of the College's standards will necessitate appropriate disciplinary actions. The College also reserves the right to cancel any course for which there is insufficient registration, to be involved in the general oversight of all students' living accommodations, and to make any changes which are deemed advisable in curricular requirements, tuition and fees, and general policies.

Your signature below indicates your acceptance of and willingness to abide by the agreement below. It also certifies that all of the information on this form is true and complete to the best of your knowledge.

Signature _____ Date _____

Please return this completed form to:
Baptist Bible College
Office of Admissions
538 Venard Road
Clarks Summit, PA 18411
admissions@bbc.edu
www.bbc.edu
800.451.7664

Admissions Counselors are available
from 8 a.m. to 5 p.m. Monday through Friday (EST).

Baptist Bible College admits students without regard to race, color, physical handicap, and national or ethnic origin. If you think this applicant will need special accommodation for facilities or academic assistance, please contact the Office of Admissions.