



CONTINUING EDUCATION APPLICATION

For individuals completing up to 9 cumulative credit hours.

PERSONAL INFORMATION

Mr. Mrs. Miss Ms.

Full Name _____ Gender Male Female

Current Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

E-mail Address _____

Permanent Home Address (if different than above) _____

City _____ State _____ Zip _____

Place of Birth _____ Date of Birth _____ Age _____

Social Security Number _____ - _____ - _____

Occupation _____ Citizenship _____

Ethnic Background*: Hispanic Asian-Pacific Islander African American/Black
American Indian/Alaskan White, non-Hispanic Other _____

*Requested by the U.S. Department of Education. This information will not be used to determine eligibility for admission.

If not a U.S. Citizen, please indicate current visa status: Visitor Permanent Resident
F-1 Student Other _____

Marital Information: Single Married Separated Divorced

Spouse's Name _____

Present Church Membership _____

Denomination _____

Church Address _____

Pastor's Name _____

If accepted, when do you plan to enroll? Summer Fall Spring Year _____

Which program are you applying for?

Master of Arts

ABWE/Missions

Counseling

Professional Writing

Urban Ministry

Bible

Intercultural Studies

Organizational Leadership

Worldview Studies

Church/Ministry Education

Literature

Social Entrepreneurship

Master of Education

Educational Administration

Music Education

Curriculum & Instruction

Health, Physical Education, & Sport

Reading Specialist

Secondary English/Communications

Master of Science in Counseling Ministries

ACADEMIC PREPARATION

Schools attended after high school	Date Entered	Date Graduated	Degree & Major

PERSONAL TESTIMONY

Please describe your salvation testimony (Use a separate paper and include Scripture references).

Please review the Doctrinal Statement and Standards of Conduct on our website (www.bbc.edu).

Are you in agreement with the BBC&S doctrinal statement? Yes No *If no, list disagreement on separate sheet.*

Are you willing to abide by the BBC&S standards of conduct? Yes No *If no, list disagreement on separate sheet.*

All of the information on this form is true and complete to the best of my knowledge.

Applicant's Signature _____ Date _____

APPLICANT'S CHECKLIST

APPLICATION

- Please complete the application using a pen and PRINT legibly. For any item which does not apply to you write, "Does not apply," or "None." All address and phone number fields should be complete, including zip codes. Be sure they are correct to avoid unnecessary delays.
- Sign and date the application form. Unsigned applications cannot be processed.
- A check or money order in the amount of \$10, payable to Baptist Bible College, must accompany the application. Please write the full name of the applicant in the "memo" portion of the check. The application fee is non-refundable.

PASTOR'S REFERENCE FORM

Complete the top of the reference form and distribute to your pastor or small group leader. Encourage him or her to return the completed form to BBC **within a week**.

MAILING ADDRESS

Return all admission forms and credentials to:
 Baptist Bible Graduate Studies, 538 Venard Road, Clarks Summit, PA 18411

*Application materials become the property of Baptist Bible Graduate School.
 In order to satisfy the requirements of the Family Education Rights and Privacy Act,
 once submitted, these materials cannot be returned, transferred, or duplicated for use at other institutions.*

*Our Admissions Counselors are available from 8 a.m. to 5 p.m. Monday through Friday (EST) to answer your questions.
 Please call us at: 570.585.9604 or email gradadmissions@bbc.edu. Website: www.bbc.edu*

Baptist Bible College admits students without regard to race, color, physical handicap, and national or ethnic origin.