

In Christ International Bible College

Student Application

**INSTRUCTIONS FOR COMPLETING THE APPLICATION
PROCESS ARE AS FOLLOWS:**

1. Please PRINT or TYPE. ANSWER ALL QUESTIONS. If a question does not apply, please answer with "N/A."
2. Request an official transcript from each college, university or institute of ministry that you have previously attended. *Note: Official sealed transcripts must be mailed from the university directly to the ICIBC admissions office.*
3. If college transcripts will not be provided, submit one of the following proofs of high school graduation: Diploma, G. E. D. or equivalent. *Note: Proof of high school is not necessary for Bible Institute students.*
4. An application fee of \$25.00 must accompany the completed application and be submitted to the ICIBC admissions office prior to registration.
5. Place a recent photo in the area provided on this application.

PHOTO
HERE

OFFICE USE ONLY	DATE:	CAMPUS CODE:
APP. FEE RECEIVED:	INITIALS:	STUDENT #:

DEGREE/CERTIFICATE OF INTEREST

Place an "X" in the box pertaining to the degree/certificate of interest in which you are enrolling.

Bible College (Campus Only)	Bible Institute (Campus Only)
<input type="checkbox"/> Associate in Theology (2 nd year) <input type="checkbox"/> Bachelor of Christian Ministry (4 th year)	<input type="checkbox"/> Certificate In Theology (2 nd year) <input type="checkbox"/> Certificate In Theology (4 th year)

I. PERSONAL INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.
<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE	MAILING ADDRESS	
CITY	STATE / PROVINCE	ZIP CODE	HOME AREA CODE & PHONE NUMBER ()
PHYSICAL ADDRESS		CITY	STATE/ ZIP CODE
		CELL PHONE NUMBER ()	WORK AREA CODE & PHONE NUMBER ()
BIRTHDATE (MM / DD / YYYY)	PLACE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/>	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/>
RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN		SOCIAL SECURITY NUMBER	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT COUNTRY ?
E-MAIL ADDRESS			
CHURCH BACKGROUND / DENOMINATION	CHURCH PRESENTLY ATTENDING (INCLUDE CHURCH LOCATION)	PASTOR'S NAME	
HAVE YOU EVER BEEN INCARCERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, PLEASE ATTACH A LETTER OF EXPLANATION TO THIS APPLICATION. PLEASE INCLUDE SPECIFIC DATES AND LOCATIONS.</i>	EMERGENCY CONTACT (OTHER THAN SPOUSE)	CHURCH AREA CODE & PHONE NUMBER ()	

FORM: STU-1-ICIBC

VI. SALVATION TESTIMONY

Please describe your salvation experience including specific information such as the place and the date of your conversion. If you are filled with the Holy Spirit with the evidence of speaking in other tongues please include an explanation of this experience as well.

Salvation Testimony continued...

VII. PERSONAL HEALTH INFORMATION (optional)

HEIGHT	WEIGHT	YOUR GENERAL HEALTH: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
		PLEASE DESIGNATE WITH E, G, F, OR P THE CONDITION OF THE FOLLOWING: EYES _____ EARS _____ HEART _____ LUNGS _____

Check illnesses or conditions you have formerly had or presently have. Please check "F" for formerly and "P" for presently:

F	P		F	P		F	P		F	P	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Ear Disease
<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Nephritis	<input type="checkbox"/>	<input type="checkbox"/>	Mental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism
<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Genital-urinary disease
<input type="checkbox"/>	<input type="checkbox"/>	Goiter	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Eye Disease	<input type="checkbox"/>	<input type="checkbox"/>	Aids

From those checked above that occurred in the past five years, state nature and length of illness, place of hospitalization, date of occurrence, any surgeries and their dates and permanent effects. Please list any other illness or condition that you may have that is not listed above including physical handicaps or defects.

Please list all current medications and the dosage of each in case emergency care is needed:

Please answer the following questions truthfully.

1. Have you ever used tobacco? Yes No If yes, are you presently using tobacco? Yes No If no, when did you stop?

2. Have you ever used alcohol? Yes No If yes, are you presently using alcohol? Yes No If no, when did you stop?

3. Have you ever used illegal or habit-forming drugs? Yes No If yes, what drug(s) did you use and for how long? _____
4. Are you presently using illegal or habit-forming drugs? Yes No If yes, what drug(s) are you presently using? _____

MEDICAL CONSENT

I hereby grant permission to In Christ International Bible College or its consulting physician, to render me to any emergency treatment, medical or surgical care that might be deemed necessary. Also, when necessary for executing such care, I grant permission for hospitalization at an accredited hospital.

Student Name (print)

Student Name (signature)

Date

VIII. EDUCATION INFORMATION

HAVE YOU PREVIOUSLY ATTENDED THE IN CHRIST INTERNATIONAL BIBLE COLLEGE? YES NO

HIGH SCHOOL NAME*	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	STUDY EMPHASIS	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> DIPLOMA <input type="checkbox"/> NO <input type="checkbox"/> G. E. D.
COLLEGE / UNIVERSITY NAME**	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	MAJOR	DIPLOMA / DEGREE EARNED

ALL EDUCATION BACKGROUND INFORMATION MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:

** List schools including Bible Institutes, Bible Colleges, other Colleges or Universities.

Must have original, sealed, official transcripts sent directly to our local campus.

*If you have not attended college: Must send a copy of your high school transcript, diploma, or G.E.D.

Note: It is the applicant's full responsibility to order, pay for, and- if necessary- follow-up on all transcripts ordered.

Non-Discrimination Policy

The In Christ International Bible College does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students of the college.

Privacy Rights of Students

STATUTE 20, UNITED STATES CODE, 1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the CODE:

The Code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (i.e., the IRS, FBI, or other government agencies, and for use in ICIBC publications). ICIBC has identified the following student data as "directory information:"

- | | | |
|----------------------|-------------------------------|--------------------------------------|
| 1. Name | 5. Date & Place of Birth | 9. Dates of Attendance |
| 2. Address | 6. Major Field of Study | 10. Degrees & Awards Received |
| 3. Telephone Listing | 7. Church Membership | 11. Most Recent Previous |
| 4. Race | 8. Denominational Affiliation | 12. Educational Institution Attended |

All other information, such as social security numbers, health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to other only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT OF AGREEMENT BEFORE SIGNING.

- I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the college.
- I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, 1232g.
- I certify by my signature that I agree to abide by the policies of this institution as described in the In Christ International Bible College official Student Handbook and Course Catalog.

STUDENT SIGNATURE DATE