SEMINARY/GRADUATE STUDIES
APPLICATION FOR ADMISSION

PENSACOLA THEOLOGICAL SEMINARY®
PENSACOLA CHRISTIAN COLLEGE®
P.O. Box 18000 • Pensacola, FL 32523-9160 • U.S.A.
ppci.edu/grad • pts-grad@pcci.edu (info only)  FAX: 1-800-722-3355 • (850) 479-6530 (International)

☐ First-Time Student—Complete all information and enclose $50 Application Fee.

☐ Continuing Student (if course applying for is within 12 months of last course taken)—Complete only your name, address, contact information, and section entitled “Admission Information.”

☐ Reenrolling Student (if course applying for is more than 12 months from last course taken)—Complete all sections except “Education” and enclose $50 Application Fee.

Print all information in pen.

PERSONAL INFORMATION
☐ Male ☐ Female

Mr. / Mrs. / Miss
Legal Name (Last/First/Middle/Maiden) as on Social Security Card or passport

Mailing Address (Street/City/State/ZIP)

( ) ( )
Home Phone Cell Phone

E-Mail Birth (Mo./Day/Yr.)

Race

ADMISSION INFORMATION
1. Applying for (check one)
☐ Summer _____ (Year) Circle Session(s) I II III IV
☐ Fall _____ (Year) ☐ January _____ (Year)
☐ Spring _____ (Year) ☐ May _____ (Year)
☐ Online Learning _____ (Year) ☐ August _____ (Year)

2. Residence Options (check all that apply)
☐ Summers ☐ Year Round
☐ Online Learning ☐ One-Week Modules

3. Housing
A. ☐ Need residence hall reservation for
☐ Single (multiple occupancy)
☐ Married couple (summer/one week)
☐ Spouse enrolled ☐ Yes ☐ No
B. ☐ Need assistance locating housing

4. Full-Time Christian Ministry
☐ Currently employed in full-time Christian ministry
☐ Will be employed next year in full-time Christian ministry

5. Summer Extended Payment Plan: ☐ Yes ☐ No
   (This plan does not apply to students who will be attending year round or students attending fewer than three sessions this summer.)

CHRISTIAN EXPERIENCE

Have you trusted Jesus Christ as your Savior? ☐ Yes, when_________ ☐ No
   (Include salvation testimony on separate sheet of paper.)

Church Denomination ________________________________

Attend regularly? ☐ Yes ☐ No

Church Currently Attending ________________________________

Pastor’s Name ________________________________

Church Location (City/State) ________________________________
TRANSCRIPTS: You must have an official copy of your transcript(s) on file at Pensacola Christian College to enroll in the graduate program. It is the applicant’s responsibility to request each institution to send an official transcript to PCC. Request forms are available in the Seminary & Graduate Studies Catalog.

ACADEMIC PROGRAMS

Check one box.

☐ Non-degree (Check if you will be taking courses for teacher certification, transfer, continuing education, etc.)

☐ Seminary

☐ Doctor of Ministry
☐ Master of Divinity
☐ Biblical Languages
☐ Master of Ministry
☐ Master of Church Music

Choose one:
☐ Conducting
☐ Piano
☐ Voice

☐ Graduate Studies

Education
Educational Leadership
Curriculum and Instruction:
Elementary
History
Mathematics
Music
Science
Secondary (General)
Speech

M.S. Ed.S.
Ed.D.

Business
M.S.N.

Nursing
M.A.
M.F.A.

Performing Arts
Dramatics
Music

Visual Arts
Graphic Design
Studio Art

CONFIDENTIAL

Check appropriate boxes. For “yes” answers, give complete details on separate sheet of paper. Include explanation from the doctor, dean of students, court, or parole officer.

☐ Yes ☐ No Do you have or have you ever had any significant physical or learning impairment?

☐ Yes ☐ No Have you ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist?

☐ Yes ☐ No Have you in any way ever used alcoholic beverages, tobacco, or illegal or dangerous drugs?

☐ Yes ☐ No Were you ever expelled, dropped, or suspended by any college?

☐ Yes ☐ No Are you or have you ever been under the supervision of a parole officer or court, or charged with a violation of the law which resulted in or, if still pending, could result in probation, community service, a jail sentence, or the revocation or suspension of your driver’s license?

REFERENCES

List all employers for the past five years (in order, most recent or current to earliest). Reenrolling students indicate present employer only. Use a separate sheet for additional employers, and state your current employer, job description, and personal and professional goals.

1. Most Recent/Current Company’s Name

Position and Dates Employed

Mailing Address (Street / City / State / ZIP)

Telephone No.

Mr. / Mrs. / Miss

Supervisor’s Name and Title

2. Company’s Name

Position and Dates Employed

Mailing Address (Street / City / State / ZIP)

Telephone No.

Mr. / Mrs. / Miss

Supervisor’s Name and Title

APPLICATION FEE PAYMENT

To pay the Application Fee by credit card, fill out the following information required to process your application, including credit card number, security code, expiration date, ZIP code, and name below.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number ________________________________

Security Code: ____________

Expiration Date: ______/_____

Cardholder’s ZIP Code ________________

Cardholder’s Name (Please print) __________________________________________

To fax application, you must fill in the above credit card information before transmitting BOTH SIDES of the completed application and any requested personal information to 1-800-722-3355.

APPLICANT’S AGREEMENT

I certify that the information given on this application is complete and accurate.

Applicant’s Signature ____________________________ Date ____________

BE SURE TO ENCLOSE APPLICATION FEE.

(The Application Fee is nonrefundable and nontransferable.)