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)_____________________________________
EDUCATION

Learning Institutions: List all colleges, Bible institutes, or technical schools attended. Use a separate sheet for additional school information.

1. School Name
   School Location (City/State)

   Dates Attended Degrees Received

   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.

   (See Seminary & Graduate Studies Catalog for listings of programs, admission requirements, and residence options for chosen program.)

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

   □ PTS Certificates
   □ Biblical Studies
   □ New Testament Studies
   □ Old Testament Studies
   □ Pastoral Ministries
   □ Theological Studies
   □ Educational Leadership
   □ Curriculum and Instruction: Elementary
   □ History
   □ Mathematics
   □ Music
   □ Science
   □ Secondary (General)
   □ Speech
   □ M.S.
   □ Ed.S.
   □ Ed.D.
   □ Business
   □ Performing Arts
   □ Dramatics
   □ Visual Arts
   □ Graphic Design
   □ Studio Art
   □ M.A.
   □ M.F.A.
   □ M.B.A.
   □ M.S.N.

   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

   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.

   Type of Card: □ 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.)