

SEMINARY/GRADUATE STUDIES APPLICATION FOR ADMISSION

PENSACOLA THEOLOGICAL SEMINARY®

PENSACOLA CHRISTIAN COLLEGE®

P.O. Box 18000 • Pensacola, FL 32523-9160 • U.S.A.

pcci.edu/grad • pts-grad@pcci.edu (info only) FAX: 1-800-722-3355 • (850) 479-6530 (International)

New Student Admissions Info: 1-877-PTS-GRAD (1-877-787-4723) • (850) 478-8496, ext. 2018 (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 _____

Citizenship _____

Marital Status

Never Married

Widow/Widower

Married

Remarried*

Divorced*

Single Parent*

Separated*

*Include letter of explanation with application.

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 _____

2. School Name _____

School Location (City/State) _____

School Location (City/State) _____

Dates Attended _____ Degrees Received _____

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.)

Seminary

- Doctor of Ministry
- Master of Divinity
- Bible Exposition
- Biblical Languages
- Master of Ministry
- Master of Church Music
- Choose one:
 - Conducting
 - Piano
 - Voice

Education

- | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| Educational Leadership | M.S. | Ed.S. | Ed.D. |
| Curriculum and Instruction: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elementary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| History | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mathematics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Music | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Science | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary (General) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Graduate Studies

- | | | |
|------------------------|---------------------------------|--------------------------|
| Business | <input type="checkbox"/> M.B.A. | |
| Nursing | <input type="checkbox"/> M.S.N. | |
| Performing Arts | M.A. | M.F.A. |
| Dramatics | <input type="checkbox"/> | <input type="checkbox"/> |
| Music | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual Arts | M.A. | M.F.A. |
| Graphic Design | <input type="checkbox"/> | <input type="checkbox"/> |
| Studio Art | <input type="checkbox"/> | <input type="checkbox"/> |

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 of paper for additional employers, and state your current employer, job description, and personal and professional goals.

1. Most Recent/Current Company's Name _____

2. Company's Name _____

Position and Dates Employed _____

Position and Dates Employed _____

Mailing Address (Street / City / State / ZIP) _____

Mailing Address (Street / City / State / ZIP) _____

(_____) _____

(_____) _____

Telephone No. _____

Telephone No. _____

Mr./Mrs./Miss _____

Mr./Mrs./Miss _____

Supervisor's Name and Title _____

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: -
Month Year

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.)