

PCC GRADUATE STUDIES APPLICATION FOR ADMISSION

PENSACOLA CHRISTIAN COLLEGE®

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

pcc.edu/Grad • pts-grad@pcc.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. 5241 (International)

Attach a small
photo here

First-time Student—Complete all information and enclose \$40 Application Fee. During the application process, you will be requested to pay appropriate Reservation Fee (\$45 summer; \$15 each Jan., May, Aug.; \$110 fall/spring).

Continuing Student (if course applying for is within 12 months of last course taken)—Complete only your name, address, telephone number, and sections entitled "Admission Information," and return this form with appropriate Reservation Fee (\$45 summer; \$15 each Jan., May, Aug.; \$110 fall/spring).

Reenrolling Student (if course applying for is more than 12 months from last course taken)—Complete all sections except "Education." Return form with the \$40 Reenrollment Fee and appropriate Reservation Fee (\$45 summer; \$15 each Jan., May, Aug.; \$110 fall/spring).

Print all information in pen.

PERSONAL INFORMATION

Male Female

Mr. / Mrs. / Miss

Legal Name (Last / First / Middle / Maiden)

() ()

Home Telephone No.

Work Telephone No.

Mailing Address (Street / City / State / ZIP)

Social Security No.

E-Mail

Birth (Mo. / Day / Yr.)

Place of Birth

Race

Height (Ft. / In.)

Country of Citizenship:

Admission No.: List if Non-U.S. Citizen Permanent U.S. Resident

Marital Status

Married

Spouse's Full Name

Never Married

Widow / Widower

Divorced*

Separated*

Remarried*

Single Parent*

*Send letter of explanation with application.

Desired Program:

Doctoral

Specialist

Master's

Indicate Academic Program of interest on back.

ADMISSION INFORMATION

(Check all appropriate boxes.)

New Enrollment

Reenrollment

1. Sessions Attending:

Summer ____ (Year) Circle Session(s) I II III IV V

Fall ____ (Year)

Spring ____ (Year)

Distance Learning ____ (Year)

January ____ (Year) Circle Session(s) I II

May ____ (Year) Circle Session(s) I II

August ____ (Year) Circle Session(s) I II

2. Residence Options:

Two Summers Three Summers Four Summers

Summer / Fall / Spring / Summer Summer / Fall / Spring

Fall / Spring / Summer / Fall / Spring

Two each: Summer / Fall / Spring Two each: Fall / Spring

One-Week Modules

3. Housing:

A. Need Residence Hall Reservation for:

Single (multiple occupancy)

Married Couple (summer only) Spouse Enrolled Yes No

B. Need Assistance Locating Housing

5. Summer Seminar: Attending Yes No

For College Credit Yes No

6. Full-Time Christian Ministry:

Currently employed in full-time Christian ministry

Will be employed next year in full-time Christian ministry

7. Summer Extended Payment Plan: Yes No

(This plan does not apply to students who will be attending Graduate School 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 Attendance: Attend regularly? Yes No

Church member? Yes, denomination: _____ No

Church Name

Pastor's Name

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

()
Telephone No.

EDUCATION

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

1. School Name _____

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

Dates Attended _____ Degrees Received _____

2. School Name _____

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

Dates Attended _____ Degrees Received _____

Transcripts: You must have an official copy of your transcript 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 College catalog.

ACADEMIC PROGRAMS

DIVISION OF BUSINESS

M.B.A.

DIVISION OF COMMUNICATIVE ARTS

- M.F.A. in Art
- M.A. in Commercial Art
- M.A. in Interpretive Speech

DIVISION OF MUSIC

M.A. in Music

DIVISION OF NURSING

M.S.N. in Nursing

DIVISION OF EDUCATION

Ed.D. in

- Educational Administration
- Elementary Education
- Curriculum and Instruction—English Education
- Curriculum and Instruction—History Education
- Curriculum and Instruction—Science Education

Ed.S. in

Educational Administration

M.S. in

- Educational Administration
- Elementary Education
- Secondary Education
- English Education
- History Education
- Mathematics Education
- Music Education
- Science Education
- Speech Education

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 _____

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 _____

FEES PAYMENT

To pay fee(s) by credit card, fill out the following information **required** to process your application, **including** credit card number, expiration date, address information, Security Code, and name below.

Type of Fee Paid: Application Fee Reservation Fee

Type of Card: Visa® MasterCard® Discover®

Card No.

□□□□-□□□□-□□□□-□□□□

Security Code: □□□□
Last 3 digits from strip on back of card

Expiration Date: □□-□□
Month Year

Cardholder's Address Information

□□□□□□□□ □□□□□□-□□□□□□
P.O. Box, Rte., or House No. 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 APPROPRIATE FEE(S).