PCC GRADUATE STUDIES
APPLICATION FOR ADMISSION

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)

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.

PERSONAL INFORMATION

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
Social Security No.

Birth (Mo./Day/Yr.) Place of Birth Race Height (Ft./In.)

ADMISSION INFORMATION

☐ First-Time Student
☐ Continuing Student
☐ Reenrolling Student

1. Applying for (check one)
☐ Summer _____ (Year) Circle Session(s) I II III IV
☐ Fall _____ (Year)
☐ Spring _____ (Year)
☐ Distance Learning _____ (Year)

2. Residence Options (check all that apply)
☐ Summers ☐ Year Round ☐ Distance Learning

3. Housing
A. ☐ Need residence hall reservation for
☐ Single (multiple occupancy)
☐ Married couple (summer only) ☐ 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 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 Denomination________________________________________ Attend regularly? ☐ Yes ☐ No Church member? ☐ Yes ☐ No

Church Currently Attending ________________________________ 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

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.)

DIVISION OF ARTS AND SCIENCES

Nursing Department □ M.S.N.

DIVISION OF VISUAL AND PERFORMING ARTS

Performing Arts Department □ M.A. □ M.F.A.

Dramatics

Performance Studies

Music

Visual Arts Department

Graphic Design

Studio Art

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

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

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

Card Number

Security Code:

Last 3 digits from strip on back of card

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.)