

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)

New Student Admissions Info: 1-877-PTS-GRAD (1-877-787-4723) • (850) 478-8496, Ext. 2013 (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 the appropriate Reservation Fee (\$45 summer; \$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 section entitled “Admission Information,” and return this form with appropriate Reservation Fee (\$45 summer; \$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; \$110 fall/spring).

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)

() _____ () _____
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)

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

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. Summer Seminar: Attending Yes No

For college credit Yes No

5. Full-Time Christian Ministry:

- Currently employed in full-time Christian ministry
 Will be employed next year in full-time Christian ministry

6. 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 _____

2. School Name _____

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

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

Dates Attended _____ Degrees Received _____

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 Seminary-Graduate Studies catalog.

ACADEMIC PROGRAMS

DEPARTMENT OF BUSINESS

M.B.A.

DEPARTMENT OF FINE ARTS

M.F.A. in

- Studio Art and Illustration
- Dramatics

M.A. in

- Studio Art and Illustration
- Interpretive Speech
- Music

DEPARTMENT OF NURSING

M.S.N. in Nursing

DEPARTMENT OF EDUCATION

Ed.D. in

- Educational Administration Curriculum and Instruction with specialization in
 - Elementary
 - English
 - History
 - Science

Ed.S. in

- Educational Administration

M.S. in

- Educational Administration Curriculum and Instruction with specialization in
 - Elementary
 - Secondary (General)
 - English
 - History
 - Mathematics
 - Music
 - Science
 - Speech

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

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 _____

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, ZIP code, 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 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).