

DISTANCE LEARNING

- Credit
- Personal Benefit



GRADUATE APPLICATION FOR ADMISSION

PENSACOLA CHRISTIAN COLLEGE®

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

New Student Admissions Information: **1-877-PTS-GRAD** (toll free 1-877-787-4723)
 New International Student Admissions Information: **(850) 478-8496, ext. 2036**
 Web site: **www.PCCinfo.com** • E-mail: **info@PCCinfo.com** (information only)
 Fax: **1-800-722-3355** • International Fax: **(850) 479-6530**

Attach a small photo here

First-time students: Complete all information and enclose the \$40 application fee. During the application process, you will be requested to pay the appropriate reservation fee: \$45 summer; \$15 each Jan., May, Aug.; \$110 fall/spring.

Continuing students (course applied for is *within 12 months* of the last course taken): Complete only your name, address, telephone number, and the section entitled Admission Information and return this form with the appropriate reservation fee: \$45 summer; \$15 each Jan., May, Aug.; \$110 fall/spring.

Reenrolling students (course applied for is *more than 12 months* from the last course taken): Complete all sections except Education. Return form with \$40 reenrollment and appropriate reservation fee: \$45 summer; \$15 each Jan., May, Aug.; \$110 fall/spring.

Please print in pen or type all information.

Legal name: Mr. _____ Male
 Mrs. _____ Female
 Miss _____ Last First Middle Maiden

Birth date _____ Place of birth _____ Social Security No. _____
Month Day Year

Mailing address _____
Street City State ZIP

Telephone numbers: Home (____) _____ Work (____) _____

E-mail address (optional) _____ Height: ____ft. ____in.

Race: White Black Oriental Other _____ Citizenship: USA Canada Other _____

Non-USA citizen: Are you a permanent resident? yes no If yes, give Admission No. _____

Current marital status: (Check all that apply.) Married—Spouse's full name _____
 Never married Widow or Widower Separated* Divorced* Remarried* Single Parent*
** Send letter of explanation with application.*

ADMISSION INFORMATION Reenrollment? yes no

Sessions you will be attending: Summer _____ Circle summer session(s): I II III IV V Fall _____ Spring _____
Year Year Year

January _____ Circle Jan. session(s): I II May _____ Circle May session(s): I II August _____ Circle Aug. session(s): I II
Year Year Year

Desired program: _____ Doctoral Specialist Master's
(See PCC Catalog or PCCinfo.com for listings of graduate programs and residence options available for chosen program.)

Graduate residence option: Two summers Three summers Four summers
 Summer/fall/spring/summer Two each summer/fall/spring Fall/spring/summer/fall/spring
 Summer/fall/spring Two each fall/spring One-week modules

Are you attending Summer Seminar? yes no For college credit? yes no

Are you applying for a residence hall reservation? yes no
 If yes, check one: Single (multiple occupancy) Married couple (summer only) Is spouse enrolled? yes no

Are you currently employed full time in a Christian ministry? yes no

Will you be employed full time in a Christian ministry next school year? yes no

Do you want to pay by the Summer Extended Payment Plan? yes no (Please note: Summer Extended Payment Plan does not apply to students planning to attend PCC year round or students attending fewer than three sessions this summer.)

EDUCATION

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

Name of school _____ Dates _____ Degree received _____

Mailing address _____
Street City State ZIP

Name of school _____ Dates _____ Degree received _____

Mailing address _____
Street City State ZIP

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.

CONFIDENTIAL

Has any member of your family ever applied for admission or attended Pensacola Christian College? yes no

If yes, give names and relationships. _____

Have you trusted Jesus Christ as your Savior? yes no When? _____ Are you a church member? yes no

Attend regularly? yes no Denomination _____ Pastor's name _____

Name of church _____ Telephone no. (____) _____

Church mailing address: _____
Street City State ZIP

Check appropriate box:

- 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 ever used illegal or dangerous drugs?
- yes no Have you in any way used alcoholic beverages?
- yes no Have you used tobacco in any form?
- 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?
- yes no Have you ever been arrested for any reason other than a minor traffic violation?

If any answer is affirmative, give complete details on a separate sheet of paper. An explanation will also be needed from the doctor, dean of students, court, or parole officer.

If you wish to pay fee(s) by credit card, please fill in the following information **required** to process your application. (Be sure to include credit card number, expiration date, address information, verification number, and name below.)

Type of fee paid: Application fee Reservation fee Re-enrollment fee Type of card: Visa® MasterCard® Discover®

- - - Expiration Date -
 Credit Card Number Verification Code (include last 3 digits from strip on back of card) Month Year

CARDHOLDER'S ADDRESS INFORMATION

-
 Cardholder's P.O. Box, Route, or House Number Cardholder's ZIP Code Cardholder's Name (Please Print)

Those sending application by fax **must** fill in the above credit card information before transmitting BOTH SIDES of the completed application to 1-800-722-3355.

REFERENCE

Please list your employers for the past five years that we may contact (most recent first) with their correct mailing addresses. Continuing and reenrolling students indicate present employer only.

Company name _____ Position _____ Dates employed _____

Mailing address _____ Telephone no. (____) _____
Street City State ZIP

Supervisor's name: ^{Mr.} _____ ^{Miss} _____ ^{Mrs.} _____ Supervisor's title _____

Company name _____ Position _____ Dates employed _____

Mailing address _____ Telephone no. (____) _____
Street City State ZIP

Supervisor's name: ^{Mr.} _____ ^{Miss} _____ ^{Mrs.} _____ Supervisor's title _____

PERSONAL

On a separate sheet of paper, state where you presently work and your job description. Include your salvation testimony and your personal and professional goals.

I certify that the information given on this application is complete and accurate.

Applicant's signature _____ Date _____

BE SURE TO ENCLOSE YOUR APPROPRIATE FEE(S).