

FOR TBC OFFICE USE ONLY

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|-------------|---------------|--------------------------|-------------|----------------------------|
| STUDENT ID | DATE RECEIVED | DATE ENTERED INTO SYSTEM | ENTERED BY | |
| CAMPUS CODE | DATE APPROVED | ASSESSED BY | ASSESSED BY | DESIGNATED STUDENT ADVISOR |



THEOS

BIBLE COLLEGE

STUDENT APPLICATION

IMPORTANT:

- Please PRINT or TYPE.
- ANSWER ALL QUESTIONS. Applications will not be processed nor academic standing be assessed unless all questions are answered and the application signed and dated by the applicant.
- Do not leave any question blank. Put "N/A" if an item does not apply.

1. PERSONAL INFORMATION

| | | | | | | |
|--|---|--|---|--|----------------------------|---|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. | LAST NAME | FIRST NAME | M.I. | <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> _____ | MAIDEN NAME, If app. | PRI. LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish |
| MAILING ADDRESS | | CITY | STATE / PROVINCE | ZIP OR POSTAL CODE | COUNTRY | |
| HOME AREA CODE & PHONE NUMBER | | WORK AREA CODE & PHONE NUMBER | | CELLULAR AREA CODE & PHONE NUMBER | | |
| PRIMARY E-MAIL ADDRESS | | | | | | |
| SECONDARY E-MAIL ADDRESS | | | | | | |
| SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married | RACE <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American | CITIZEN OF <input type="checkbox"/> USA <input type="checkbox"/> Other (specify): | PLACE OF BIRTH | DATE OF BIRTH (MM/DD/YYYY) | |

2. CHURCH BACKGROUND / MEMBERSHIP & MINISTRY EXPERIENCE

| | | | | | | |
|--|--|--|---|--|--|--|
| CHURCH BACKGROUND / DENOMINATION | | | | | | |
| CHURCH PRESENTLY ATTENDING | | | PASTOR'S NAME | | | |
| CURRENT MINISTRY STATUS, IF ANY | <input type="checkbox"/> Senior Pastor <input type="checkbox"/> Assistant Pastor <input type="checkbox"/> Missionary | <input type="checkbox"/> Evangelist <input type="checkbox"/> Itinerant Teacher <input type="checkbox"/> Children's Minister | <input type="checkbox"/> Youth Minister <input type="checkbox"/> Music Minister <input type="checkbox"/> Lay Minister | <input type="checkbox"/> Church / Ministry Administrator <input type="checkbox"/> Chaplain <input type="checkbox"/> Christian Broadcasting | <input type="checkbox"/> Other (Please specify): <input type="checkbox"/> N / A | |
| MINISTRY CREDITS? <input type="checkbox"/> Licensed <input type="checkbox"/> N / A <input type="checkbox"/> Ordained | CREDENTIALING ORGANIZATION | PAST MINISTRY INVOLVEMENTS <input type="checkbox"/> Pastoral <input type="checkbox"/> Teacher <input type="checkbox"/> Evangelism | <input type="checkbox"/> Radio / TV <input type="checkbox"/> N / A <input type="checkbox"/> Other: | MINISTRY start date (MM/DD/YYYY) | | |

3. EDUCATIONAL INFORMATION

| | | | | | | |
|---|----------------------|---------------------|----------------|--|--|--|
| HAVE YOU EVER PREVIOUSLY ATTENDED THEOS BIBLE COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| HIGH SCHOOL NAME * | START DATE (MM/YYYY) | STOP DATE (MM/YYYY) | STUDY EMPHASIS | DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DIPLOMA <input type="checkbox"/> G.E.D. | | |
| SCHOOL NAME ** | START DATE (MM/YYYY) | STOP DATE (MM/YYYY) | MAJOR | DIPLOMA / DEGREE EARNED | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ALL EDUCATIONAL BACKGROUND MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:

*If you have not attended an accredited college or university, you must send a photocopy of your high school transcript, diploma, or GED.

**List all schools including Bible institutes, Bible colleges, other colleges or universities. Must have original, sealed, official transcripts.

NOTE: It is the applicant's responsibility to order, pay for, and—if necessary—follow-up on all transcripts ordered.

4. PLEASE STATE YOUR SALVATION TESTIMONY

5. PLEASE BRIEFLY STATE YOUR EDUCATIONAL & MINISTRY GOALS

Non-Discrimination Policy

This institution does not discriminate on the basis of nationality, ethnic origin, age, or sex. We guarantee the rights and privileges, and the availability of programs and activities to all students in agreement with the TBC student policies.

Privacy Rights of Students

STATUTE 20, UNITED STATES CODE, §1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (i.e., the IRS, FBI, or other government agencies, and for use in institute publications). We have identified the following student data as "directory information:"

- | | | |
|----------------------|-------------------------------|---|
| 1. Name | 5. Date & Place of Birth | 9. Dates of Attendance |
| 2. Address | 6. Major Field of Study | 10. Degrees & Awards Received |
| 3. Telephone Listing | 7. Church Membership | 11. Most Recent Previous Educational Institution Attended |
| 4. Race | 8. Denominational Affiliation | |

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT BEFORE SIGNING.

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance into the academic program.
2. I have received and read the Student Handbook and I agree to abide by the policies stated therein.
3. I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, §1232g.
4. Theos Bible College is a religious institution. No claim is made that any secular school will accept course work done at this school. The school is not affiliated with Department of Higher Education in Arizona or the United States.

SIGNATURE

DATE

Make a payment of \$50 for your application fee, payable to Theos Bible College.

Submit this completed application to:

Admissions Department

Theos Bible College, 725 W Warner Rd Gilbert, AZ 85233

