



## RETURNING STUDENT APPLICATION

**IMPORTANT:**

- Form needs to be submitted to Life Link Church office or the Dean of Administration, Dr. Tom Carlini.
- 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 is signed and dated by applicant.
- Do not leave any questions blank. Put "N/A" if an item does not apply.

### 1. PERSONAL INFORMATION

LAST NAME		FIRST NAME		M.I.	OTHER NAMES UNDER WHICH YOUR TRANSCRIPT MAY BE LISTED	
MAILING ADDRESS		CITY		STATE/PROVINCE	ZIP OR POSTAL CODE	COUNTRY
HOME AREA CODE & PHONE NUMBER		CELLULAR AREA CODE & PHONE NUMBER		PRIMARY EMAIL ADDRESS		
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE	WHEN DO YOU PLAN TO RETURN? <input type="checkbox"/> FALL (YEAR) _____ <input type="checkbox"/> SPRING (YEAR) _____				
I WILL BE RETURNING AS <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year <input type="checkbox"/> Graduate						
NEXT DEGREE PURSUED <input type="checkbox"/> Audit Certificate <input type="checkbox"/> Diploma of Theology <input type="checkbox"/> Associate Degree <input type="checkbox"/> Advanced Diploma of Theology <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Doctorate						

### 2. CHURCH INFORMATION

CHURCH BACKGROUND / DENOMINATION	
CHURCH PRESENTLY ATTENDING	PASTOR'S NAME

### FOR TBC OFFICE USE ONLY

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

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. 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.
4. I am fully aware that the Theos online Zoom recording will have my face and voice recorded. I consent to this being made available for distribution to other students and faculty.

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Signature

Date