

Vision Christian Bible College & Seminary

P.O. Box 121064, Clermont, Florida 34712

Office Use Only
Student ID#

Administrative Offices:

P. O. Box 121064, Clermont, FL 34712

Phone: (352) 243-2297 Fax: (352) 243-2358

(Must Be Submitted)

Photo

Application for Admission **Graduate**

A. PERSONAL DATA (Typed)

| | |
|--|---------------------------|
| Name: | Social Security #: |
| Address: | City/State/Zip: |
| Sex (M/F): | Phone (Home): |
| Date of Birth: | Place of Birth: |
| Marital Status: | Spouse's Name: |
| Citizen of (Country): | Race: |
| Military (Branch): | email: |
| How did you learn about VCBC&S: | |

B. PROGRAM DESIRED (Typed)

| <u>Master's Program</u> | <u>Doctorate Program</u> |
|---|---|
| <input type="checkbox"/> Theology | <input type="checkbox"/> Theology |
| <input type="checkbox"/> Biblical Studies | <input type="checkbox"/> Ministry |
| <input type="checkbox"/> Professional Pastoral Counseling | <input type="checkbox"/> Religion – Philosophy |
| <input type="checkbox"/> Divinity | <input type="checkbox"/> Pastoral Counseling – Philosophy |
| <input type="checkbox"/> Church Planting | |
| <input type="checkbox"/> Missiology | |
| <input type="checkbox"/> Pastoral Leadership | |
| <input type="checkbox"/> Church Business Administration | |

C. RELIGIOUS DATA (Typed)

| | |
|--------------------------------------|------------------------|
| Home Church: | Denomination: |
| Address: | Pastor's Name: |
| Church Phone: | Pastor's Phone: |
| Christian Services Conducted: | |
| Current Ministry Status: | |

D. EMPLOYMENT DATA (Typed)

| | |
|---|--------|
| Are you currently employed? | Where? |
| Do you plan to work while attending VCBC&S: | |

E. FINANCIAL DATA (Typed)

| |
|--|
| How do you intend to meet your financial responsibilities to VCBC&S? Cash() Budget Plan () |
| Applications for scholarships are available upon request. Please send scholarship forms. () |

F. EDUCATIONAL DATA: (Transcripts are required for high school and all colleges attended)

| Type of School | Name of Institution | Date Graduated | Diploma or Degree Received | Years Completed |
|---------------------|---------------------|----------------|----------------------------|-----------------|
| High School | | | | |
| Vocational or Trade | | | | |
| College | | | | |
| | | | | |
| College | | | | |
| | | | | |
| Other | | | | |
| | | | | |

Application Agreement:

I certify the above information is accurate and truthful in all regards and agree to conduct myself to the rules and regulations of Vision Christian Bible College & Seminary in accordance to the codes of ethics stated within the student handbook.

Applicant's Signature: _____ Date of Application: _____

Remember to enclose the **\$50.00 application fee** with your application when applying to VCBC & S mail it to: Administration Office, Vision Christian Bible College & Seminary, P. O. Box 121064, Clermont, Florida 34712

Vision Christian Bible College & Seminary

STUDENT DISCLOSURE FORM

*Send this form to:
Vision Christian Bible College & Seminary
P.O. Box 121064
Clermont, FL 34712*

Student's Name (Please Print) _____

- I have read VCBC&S's catalog and administrative bulletin in its entirety and have enrolled with full knowledge of the practices and standards the college abides by.
- I understand the required fees, tuition, and refund policy of VCBC&S.
- I understand the grounds for dismissal set forth by VCBC&S.
- I understand that the educational programs of VCBC&S are designed for ecclesiastical vocations.
- I understand that VCBC&S is not accredited by an agency under the United States Department of Education and that transfer of credits is at the discretion of the receiving institution.
- I understand the taping policy of classroom settings and agree not sell such materials.
- I understand that VCBC&S is not responsible for my employment within any organization that I make application.
- I understand that all course work conducted for VCBC&S must be original material by the student.
- I understand that my withdraw from VCBC&S is not complete until all materials are returned to the college.
- I understand that I will be responsible for all unpaid fees and will not be able to receive transcripts or distribution of diploma until such fees are paid in full.
- I have not been misled in my inquiry for enrollment with Vision Christian Bible College & Seminary and hold VCBC&S harmless from any and all of my own misunderstandings.

Student's Signature

Date Signed

Registrar's Signature

Date Received