

Vision Christian Bible College

P. O. Box 121064
Clermont, FL 34712
(352) 243-2297
(352) 243-8135 FAX

Attach
Passport Type
Photo

Office use only
Student ID #

Campus No. _____

Application for Admission

(Please Type or Print Clearly)

Personal Data:

Name: Last,First, MI		Social Security #:	
Address:		Race	
City-State-Zip:		Sex (F/M):	
Phone (Home):		Phone (Work):	
Date of Birth:		Place (City - State):	

Marital Status: Single ___ Married ___ Name of Spouse: _____

Citizen of U. S. _____ If "no", specify country of citizenship _____

Email: _____

Military Service: Yes ___ No ___ Branch of Service _____

How did you learn about V.C.B.C. and it's program? _____

Program Desired: (Select One)

- | | | |
|--------------------------|----------------|---------------------------------|
| <input type="checkbox"/> | 1 Year Program | Certificate of Biblical Studies |
| <input type="checkbox"/> | 2 year Program | Associate Degree |
| <input type="checkbox"/> | 3 year Program | Ministerial Diploma |
| <input type="checkbox"/> | 4 Year Program | Bachelors Degree |

Religious Data:

Home Church: a) Name _____ b) Denomination _____

c) Address _____

d) Pastor's Name _____

State any type of Christian service you do or have done. _____

Current Ministry Status: Licensed ____, Ordained ____, Pastor ____, Teacher ____, Evangelist ____,
Missionary ____, Laymen ____, Other ____ Explain _____

Employment Data: Are you currently employed? Yes ___ No ___

Do you plan to work while attending College? Yes ___ No ___

Financial Data:

How do you intend to meet your financial responsibilities to the college? Cash _____ Budget Plan _____

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				

Privacy Rights of Students

Statute 20, United States Code, Section 1232g and regulations adopted pursuant thereto, hereafter, 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 is provided for the 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. IRS, FBI, or other government agencies, and for use in VCBC publications. VCBC has identified the following as "directory information": student name, address, telephone number, race, sex, date and place of birth, major field of study, church membership, denominational affiliation, dates of attendance, degrees and awards received, and the most recent previous educational institution attended.

All other information, such as health and medical records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, 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.

I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, Section 1232g.

I understand by my signature that while attending VCBC I have given consent to and agree to uphold the policies of that institution.

Application Agreement:

I certify the above information is accurate and truthful.

Applicant's Signature: _____ Date of Application: _____

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

