



**NORTH CAROLINA  
BIBLE INSTITUTE**  
A Division of North Carolina College of Theology



*Reaching the World for Jesus...  
One Student at a Time!*

**APPLICATION  
FOR RETURNING STUDENTS**

This application may be printed, personally signed  
and submitted via mail to:

**NCBI**  
**PO Box 632**  
**Castle Hayne, NC 28429**

When completing the application digitally, you may also sign it using a  
previously saved digital signature file or you may create one using  
various software including Adobe Acrobat. Many versions of Adobe  
Acrobat will instruct you on how to create your personal digital  
signature when clicking onto the signature line. Your application may  
then be uploaded via our secure website.

# North Carolina Bible Institute

## APPLICATION FOR RE-ADMISSION

INSTITUTE DEAN

DATE			
NAME <small>LAST</small>		NAME <small>FIRST</small>	
PHONE <small>HOME</small>		BIRTH DATE <small>MM/DD/YEAR</small>	
MAILING ADDRESS <small>(include Apt #, if applicable)</small>		MIDDLE or MAIDEN	
STREET / PO BOX			
CITY		STATE	
STATE		ZIP	
EMAIL ADDRESS:			

SCHOOL NAME	
SCHOOL PRESIDENT	SCHOOL YEAR
PROGRAM OF DESIRED ENROLLMENT	
LEVEL OF ENROLLMENT <i>(Please also check if you prefer hard copy textbooks or flash drive)</i>	
ASSOCIATE Hard Copy Flash Drive	BACHELOR Hard Copy Flash Drive
GRADUATE Hard Copy Flash Drive	MASTERS Hard Copy Flash Drive
DOCTORATE Hard Copy Flash Drive	
TYPE YOUR NAME EXACTLY AS YOU WOULD LIKE IT ON ALL DOCUMENTS.	

By checking this box you are acknowledging that NCBI is accredited by religious accreditations. All programs provided by NCBI are solely for religious vocations only. Transferability of credits from NCBI to another institution is at the discretion of the receiving institution.

I do hereby agree to abide by the high ethical standards set forth by the North Carolina Bible Institute, and to conduct myself in accordance to the expectation of NCBI in order for my life to bring glory and honor to the Lord Jesus Christ.

Signature  Date

### COPYRIGHT ACKNOWLEDGMENT AND AGREEMENT

As a student, an affiliate with North Carolina Bible Institute, I do hereby acknowledge submission to the COPYRIGHTS of ALL NCBI CURRICULUM and RESOURCE MATERIALS. At no time will I, the student, copy or plagiarize NCBI curriculum or resource materials.

By my signature below, I hereby agree and submit to these terms.

Signature  Date

### Itemization for Monthly Fee Payments

PROGRAM	TUITION FEE	ADMINISTRATION FEE	GRADUATION FEE	TOTAL
<b>ASSOCIATE</b>	\$1,580.00	\$100.00	\$100.00	\$1,780.00
	<i>Total of \$1,780.00 divided by 8 months = \$222.50*</i> <i>Total of \$1,780.00 divided by 10 months = \$178.00*</i>			
<b>BACHELOR</b>	\$1,680.00	\$100.00	\$100.00	\$1,880.00
	<i>Total of \$1,880.00 divided by 8 months = \$235.00*</i> <i>Total of \$1,880.00 divided by 10 months = \$188.00*</i>			
<b>GRADUATE</b>	\$1,835.00	\$100.00	\$200.00	\$2,135.00
	<i>Total of \$2,135.00 divided by 8 months = \$266.88*</i> <i>Total of \$2,135.00 divided by 10 months = \$213.50*</i>			
<b>MASTER</b>	\$1,980.00	\$100.00	\$200.00	\$2,280.00
	<i>Total of \$2,280.00 divided by 8 months = \$285.00*</i> <i>Total of \$2,280.00 divided by 10 months = \$228.00*</i>			
<b>DOCTORATE</b> • Theology • Counseling • Leadership • Eschatology	\$3,250.00	\$100.00	\$350.00	\$3,700.00
	<i>Total of \$3,700.00 divided by 8 months = \$462.50*</i> <i>Total of \$3,700.00 divided by 10 months = \$370.00*</i>			

**\*PLEASE NOTE: Application Fee and Book Fee are not included in the monthly fee, for those fees are due at time of enrollment.**



## Electronic Funds Transfer to North Carolina College Of Theology

Please complete and return form to: **NCCT • P.O. Box 632 • Castle Hayne, NC 28429**  
*When choosing bank draft, please include a copy of a voided check or savings deposit slip.*

**PERSONAL INFORMATION**

Name(s)		Class Year(s)	
Address			
City	State/Province	Zip/Postal Code	
Telephone	Email		

New Authorization   
  Change in Authorized Amount   
  Change in Account

I hereby authorize BANK to process automatic debits on behalf of North Carolina College of Theology from the account listed below. In doing so, I authorize the below institution to honor said debits. **This authorization will remain in effect until and unless I give notification to terminate at least 30 days before the date of next scheduled withdrawal.**

Bank Name		
Address		
City	State	Zip Code
<b>COMPLETE FOR PAYMENTS BY BANK DRAFT</b>		<b>COMPLETE FOR PAYMENTS BY CREDIT CARD</b>
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		Name(s) on Card
Name(s) on Account		Credit Card #
Routing # <i>(Bank Use Only)</i>		Expiration Date
Account #		CVV#

**MONTHLY FEE PAYMENT**

**DEGREE PROGRAM:**   
 Associate   
 Bachelor   
 Graduate   
 Master   
 Doctorate

**TERM OF PAYMENTS:**   
 8 Months   
 10 Months   
**MONTHLY PAYMENT AMOUNT:** \_\_\_\_\_

➔ **Date of withdrawal will be on the 1st of each month. The first payment will be drafted the first month after acceptance. A \$25 fee will be applied for any returned payment.**

Authorized Signature \_\_\_\_\_

Print Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

First Draft Date \_\_\_\_\_

Last Draft Date \_\_\_\_\_