

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

	Δ	PPLICATION FOR RE-ADI	MISSION	INS	STITUTE DEAN		
DATE	•						
LAST NAME		FIRST		MIDDLE or MAIDEN			
HOME		CELL		2007112475			
PHONE				BIRTH DATE MM/DD/YEAR			
MAILING ADDRESS	STREET / PO BOX						
(include Apt #, if applicable)	CITY		STATE		ZIP		
EMAIL ADDRESS:							
SCHOOL NAME							
SCHOOL PRESIDE	ENT		SCHOOL YEAR				
PROGRAM OF DESIRED ENRO	LLMENT						
		LEVEL OF ENROLL	/IENT				
BACHELO	☐ ASSOCIATE ☐ MASTERS ☐ DOCTORATE OF CHRISTIAN COUNSELING ☐ BACHELOR ☐ DOCTORATE OF THEOLOGY ☐ DOCTORATE OF CHURCH LEADERSHIP ☐ GRADUATE ☐ DOCTORATE OF ESCHATOLOGY						
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.							
		ical standards set forth by NCBI in order for my life to l					
The second and second			Jimig giory ar				
Signature				Date			
COPYRIGHT ACKNOWLEDGMENT AND AGREEMENT							
	ICULUM and RESOU	a Bible Institute, I do herel IRCE MATERIALS. At no					
By my signature belo	ow, I hereby agree and	submit to these terms.					



Itemization for Monthly Fee Payments

PROGRAM	TUITION FEE	ADMINISTRATION FEE	GRADUATION FEE	TOTAL			
ASSOCIATE	\$1,580.00	\$200.00	\$100.00	\$1,880.00			
	Total of \$1,880.00 divided by 8 months = \$235.00* Total of \$1,880.00 divided by 10 months = \$188.00*						
BACHELOR	\$1,680.00	\$200.00	\$100.00	\$1,980.00			
	Total of \$1,980.00 divided by 8 months = \$247.50* Total of \$1,980.00 divided by 10 months = \$198.00*						
GRADUATE	\$1,835.00	\$200.00	\$200.00	\$2,235.00			
		\$2,235.00 divided 2,235.00 divided	•				
MASTER	\$1,980.00	\$200.00	\$200.00	\$2,380.00			
	Total of \$2,380.00 divided by 8 months = \$297.50* Total of \$2,380.00 divided by 10 months = \$238.00*						
DOCTORATE	\$3,250.00	\$200.00	\$350.00	\$3,800.00			
TheologyCounselingLeadershipEschatology	Total of \$3,800.00 divided by 8 months = \$475.00* Total of \$3,800.00 divided by 10 months = \$380.00*						

PLEASE

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

^{**} The curriculum for the Associate, Bachelor, Graduate and Master's Programs will be provided digitally with your Book Fee of \$400. To receive a physical copy of the curriculum for these programs, an additional payment of \$100 will be applied to the Book Fee.



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	atic debits on be						
listed below. In doing so, I authorize the belo until and unless I give notification to term							
Bank Name							
Address							
City	State		Zip Code				
COMPLETE FOR PAYMENTS BY BANK D	RAFT	COMPLETE FOR PAYMENTS BY CREDIT CARD					
Checking Account Savings Acco	ount	Name(s) on Card					
Name(s) on Account							
		Credit Card #					
Routing # (Bank Use Only)		Expiration Date					
Account #		CVV# 4% Transaction Fee					
MONTHLY FEE DEGREE PROGRAM:	Associate [Bachelor Gra	aduate Master Doctorate				
PAYMENT TERM OF PAYMENTS: 8 Months 10 Monthly							
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.							
APPLICATION FEE and BOOK FEE are Please check the applicable box below if yo method provided above.							
ASSOCIATE / BACHELOR / GRADUAT	TE / MASTER	R'S PROGRAMS	DOCTORATE PROGRAM				
			Withdraw \$60 Application Fee and \$640 Book Fee from above payment method.				
Authorized Signature			FOR OFFICE USE ONLY				
Print Signature			First Draft Date				
Date			Last Draft Date				