



**NORTH CAROLINA
BIBLE INSTITUTE**

A Division of North Carolina College of Theology



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

APPLICATION

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

NCBI
PO Box 865
Carolina Beach, NC 28428

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

Page 1

APPLICATION FOR ADMISSION

INSTITUTE DEAN

*PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION

DATE					
NAME <small>LAST</small>		FIRST		MIDDLE or MAIDEN	
PHONE <small>HOME</small>		CELL		WORK	
SOCIAL SECURITY #			BIRTH DATE <small>MM/DD/YEAR</small>		
PLACE OF BIRTH <small>CITY</small>			STATE		SEX Male Female
MARITAL STATUS Single Divorced Married Other _____			NAME OF SPOUSE <small>(if applicable)</small>		
MAILING ADDRESS <small>(include Apt #, if applicable)</small> <small>STREET / PO BOX</small>					
CITY			STATE		ZIP
EMAIL ADDRESS					

PROGRAM OF DESIRED ENROLLMENT

LEVEL OF ENROLLMENT *(Please also check if you prefer hard copy textbooks or flash drive)*

ASSOCIATE	BACHELOR	GRADUATE	MASTERS	DOCTORATE
Hard Copy	Hard Copy	Hard Copy	Hard Copy	Hard Copy
Flash Drive	Flash Drive	Flash Drive	Flash Drive	Flash Drive

Type your name exactly as you would like it on all documents.



BACKGROUND INFORMATION (This information taken to better serve you as a student.)

Present Occupation				How long?			
Employer							
Name of Local Church							
Address			City		State		Zip
Pastor's Name					Contact Phone		
Are you a minister?		Yes	No	Licensed?	Yes	No	Ordained?
							Yes
							No
							Other?
How long have you been in full-time service?				years		months	
To what denomination or organization do you belong or classify yourself?							
Reference: Relative/Friend					Relationship		
Address			City		State		Zip

ETHNIC ORIGIN *(This information required by the Civil Rights Act.)*

Page 2

Caucasian (non-Hispanic)	Asian Pacific Islander	Hispanic	Black (non-Hispanic)	American Indian/Alaskan
Other - Specify				

CITIZENSHIP

Country of Birth	Are you a citizen of the United States?		Yes	No	<i>If NO, please answer the following questions.</i>
Of what country are you a citizen?					
Are you a permanent U.S. resident?		Yes	No	Alien Registration #	
Do you presently have a U.S. Visa?		Yes	No	If yes, what type?	Expiration Date

EDUCATION INFORMATION

Name of High School			Date of Graduation		
City		County		State	
If you did not graduate, have you obtained a GED?		Yes	No	When? (MM/DD/YEAR)	

List ALL colleges attended in chronological order (latest last)...If additional space is needed, please use page 4)

Name of Institution			City		State	
Dates attended: From		to	Hours Earned		Semester	Quarter
Degree(s) Received						
Name of Institution			City		State	
Dates attended: From		to	Hours Earned		Semester	Quarter
Degree(s) Received						
Name of Institution			City		State	
Dates attended: From		to	Hours Earned		Semester	Quarter
Degree(s) Received						
Are you currently enrolled in the last institution attended?		Yes	No	If so, what will be your last date of attendance?		
Are you eligible for re-admission to any of the institutions listed?		Yes	No			
If no, are reasons		Academic?	Disciplinary?	Other (please explain on page 4)		

ADDITIONAL INFORMATION

Have you ever been convicted for the violation of any federal, state, county, or municipality law? (excluding minor traffic violations)	Yes	No	<i>If yes, give full details on page 4.</i>
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- \$60.00 Non-Refundable Application Fee must be submitted with application.
- Upon approval, one-third of Tuition must be paid at registration.
- Textbook Fees must be paid before receipt of any material.
- Graduation Fees must be paid each year, as follows:
 - *Doctoral Graduates BEFORE 1st Week of March;*
 - *other Graduates BEFORE 1st Week of April.*
- Balance of Tuition must be paid by April 15th of each year.

☐

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 have completed this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. 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.

I have read the Statement of Faith of the North Carolina Bible Institute and agree to follow its doctrinal stand in accordance to the Word of God.

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 _____

Institute Dean: _____

Additional educational information and/or explanation:

Additional information regarding conviction for the violation of any federal, state, county, or municipality law (excluding minor traffic violations):

Additional miscellaneous information: