

Northeastern Regional Bible College

Application for Admission

Last Name			First	Middle	Date
Street Address:				SS#:	Are you at least 18 yrs old? Yes <input type="checkbox"/> No <input type="checkbox"/>
City:		State:		Zip:	
Country of Citizenship:				Home Phone:	
Have you ever applied to this school before? <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No				Office Phone:	
Email Address:				Cell Phone:	
				Ethnic Origin (optional):	

EDUCATION	NAME OF SCHOOL & ADDRESS	COURSE OF STUDY	# YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE OR BUSINESS SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Are you an active church member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long?	Pastor's Name:
Church Name & Address:		Church Phone (include area code):

List any Church related experience including number of years in that capacity:

PLEASE CHECK THE DEGREE (s) PROGRAM THAT YOU ARE APPLYING FOR:

- | | |
|--|---|
| <input type="checkbox"/> ASAP Biblical Knowledge Exam (include an additional \$75) | <input type="checkbox"/> Bachelor of Arts in Ministry |
| <input type="checkbox"/> Certificate of Biblical Studies | <input type="checkbox"/> Bachelor of Arts in Theology |
| <input type="checkbox"/> Associate of Biblical Studies | <input type="checkbox"/> Bachelor of Arts in Pastoral Counseling |
| <input type="checkbox"/> Ministerial Diploma | <input type="checkbox"/> Bachelor of Arts in Christian Counseling |
| <input type="checkbox"/> Bachelor of Arts in Biblical Studies | <input type="checkbox"/> Bachelor of Arts in Christian Education |

I certify that, to the best of my knowledge, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. **Please submit a \$75 non-refundable application fee with this application to the Office of Admissions, Post Office Box 1309, Oxford, NC 27565.** Please contact our office at 919-847-8274 or 919-690-1982 if you have any questions.

Applicant's Signature: _____ **Date:** _____