

Northeastern Regional Bible College

Graduate School Admission Application

To complete application electronically, download it to your computer and email it back to info@nrbcollge.org

Last Name		First	Middle	Date
Street Address:			Last 4 Digits of SS#:	Are you at least 18 yrs old? Yes <input type="checkbox"/> No <input type="checkbox"/>
City:		State:	Zip:	Home Phone:
Country of Citizenship:			Office Phone:	
Have you ever applied to this school before? <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No				Cell Phone:
Email Address:			Ethnic Origin (optional):	

EDUCATION	NAME OF SCHOOL & ADDRESS	COURSE OF STUDY	TYPE OF DEGREE	Year Completed
COLLEGE WHERE BACHELOR'S DEGREE WAS EARNED				
COLLEGE WHERE BACHELOR'S DEGREE WAS EARNED				

If you do not hold a bachelor's degree in some religious program, list to the right any religious or Christian-related coursework you have completed including certificates and associate degrees.

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 the number of years in that capacity:		

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

- Master of Arts in Christian Education
- Master of Arts in Biblical Studies
- Master of Arts in Ministry

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 \$50 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:** _____