



Student Admission & Registration Form

Admission Instructions Read Carefully

1. **Admission & Application Fee:** Complete and return this form by mail with your application and registration fee of \$150 (**cash/money order only**). Applicants may also scan completed application to docbc.seminary@gmail.com. *(Admission & Registration fee includes all books (pdf.), classroom codes & materials needed for student enrollment and degree.)*
2. **College transcripts:** Please request that one official transcript be sent from each college or university you have attended. (A transcript request form is attached).
3. **Letters of Recommendation:** Seminary Candidates **MAY** need letter(s) of recommendation with their application for Seminary school.
4. **Make money orders payable to:** *Disciples of Christ Bible College and Seminary, 1882 N. Tamiami Trail #4595 North Fort Myers, FL 33993.*

Church Name /Affiliation Denomination (<i>if applicable</i>)		Gender	Birth Date
Last Name	First	Middle	Preferred First Name
Permanent Address		City	State
Home Phone		Work Phone	Emergency Phone
		Email Address	

Race/Ethnic Identification (Optional)

<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White, Non-Hispanic
<input type="checkbox"/> Asian, Pacific Islander	<input type="checkbox"/> American Indian/Alaskan	
US Citizen (yes or no)	Citizenship (if not US)	

Degree applying for:

Associates: _____ Bachelors: _____ Masters: _____ Doctorates: _____ Seminary: _____

Academic Information

List the last high school attended and year of graduation:

List chronologically all colleges previously attended, beginning with the college most recently attended.

Name of Institution	Dates attended (Month/Year)		Degree(s) Earned	Hours Earned
	From	To		

High School GPA _____ Undergraduate Degree GPA _____ Graduate Degree GPA _____



DISCIPLES OF CHRIST BIBLE COLLEGE & SEMINARY
 1882 N. Tamiami Trail # 4595 • North Fort Myers, FL 33903
 Phone (253) 224-1297
docbc.seminary@gmail.com

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Business Information

Present Employer _____ Beginning Date _____ Immediate Supervisor (including title) _____

Last Name _____ First _____ Middle _____ Preferred First Name _____

Business Address _____ City _____ State _____ Zip Code _____

Telephone _____ Extension _____ Fax _____

Your Present Title _____ Beginning Date at Current Title _____

Description of duties and responsibilities:

Professional Certifications:

How many years of full-time business experience (including military) have you had? _____

Previous employment record (include previous positions with present employer). You may use an additional sheet if necessary, or attach a resume.

Company	Dates Employed		Positions held (beginning with current)
	From	To	

Military Record, if applicable:



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Academic and Professional Enhancement

If you have pursued any other significant non-degree academic or professional programs, please list below.

Course/Enhancement Title	Dates attended		Location	Sponsor/School
	From	To		

List any major reports, articles, manuals, or projects that you have prepared, researched, or published:

What are your expectations of *Disciples of Christ Bible College & Seminary*?

Applicant's Agreement

If I am admitted/accepted into *Disciples of Christ Bible College & Seminary*, I agree to follow the program rules and regulations as established by *Disciples of Christ Bible College & Seminary*. I also agree to assume responsibility for assuring that my tuition and fees are paid in a timely manner and agreed upon.

Signature of Applicant

Date



Seminary Admission Form

1. When were you saved/converted in the name of Jesus Christ?
2. Have you been water baptized, if so when?
3. Are you willing to be baptized, if you have not been?
4. Will you uphold the Statement of Faith for *Disciples of Christ Bible College and Seminary*?
5. What calling do you feel the Lord Jesus Christ has placed upon your life?
6. Have ever publicly advocated any views **contrary** to the teaching of the gospel of Jesus Christ?
7. Have you ever been excommunicated from the Church, if so please explain?

8. Have you ever been a part of another religious body (Catholic, Baptist, Lutheran....etc.)?
9. Have you ever been convicted of a felony, if so please explain (*admission to a felony does not mean rejection into this Seminary. We believe Matt 6:14 & Matt 18:21-21*): _____

10. Have you ever been treated hospitalized, or received medication for a serious mental or psychological illness, including depression?
11. **Nationality/Citizenship:**
I am a United States Citizen: _____
I am a Permanent Resident: _____
I am a citizen of (Please Specify) Country/Providence/Region: _____



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Seminary Admission Form

FAMILY DATA

Father's First Name: _____ Middle: _____ Last Name: _____

Deceased: ___ No ___ Yes If living, street address: _____

City/Province: _____ State/Country: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____ E-mail: _____

Mother's First Name: _____ Maiden: _____ Last Name: _____

Deceased? ___ No ___ Yes If living, street address: _____

City/Province: _____ State/Country: _____ Zip Code: _____

Home Telephone: _____ Cellphone: _____ E-mail: _____

Home Church Name: _____ Location address: _____

City/Province: _____ State/Country: _____ Zip Code: _____

Sponsor Name (if applicable): _____

Ministry Experience:

I hereby certify that, to the best of my knowledge, everything in this application form is true and complete. I further confirm that I make this application of my own free will.

Seminary Applicant sign: _____

Printed Name _____ **Date** _____



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Student Transcript Request Form

TO THE APPLICANT: Please type or print, include appropriate fee (if any) and mail directly to the institution from which you are requesting your transcript.

Full Name: _____
Last First Middle/Former

School ID Number: _____

College/University/Campus: _____

Dates of attendance: _____

Degree and year: _____

Number of copies of transcript requested: _____

I authorize release of the official transcript of my academic record at the institution named above for submission to Disciples of Christ Bible College & Seminary.

Signature Date

TO THE REGISTRAR: This person is applying for the admission to *Disciples of Christ Bible College & Seminary*. Please forward the requested transcript (s) to:

Disciples of Christ Bible College & Seminary
1882 N Tamiami Trail # 4595
North Fort Myers, FL 33903
Attn: Office of the Registrar