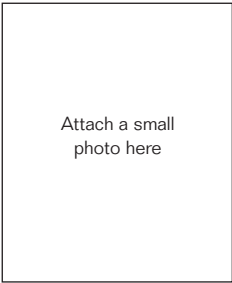


# PCC GRADUATE STUDIES APPLICATION FOR ADMISSION



PENSACOLA CHRISTIAN COLLEGE®

P.O. Box 18000 • Pensacola, FL 32523-9160 • U.S.A.

pcci.edu/grad • pts-grad@pcci.edu (info only)

FAX: 1-800-722-3355 • (850) 479-6530 (International)

New Student Admissions Info: 1-877-PTS-GRAD (1-877-787-4723) • (850) 478-8496, ext. 2018 (International)

Attach a small  
photo here

**First-Time Student**—Complete all information and enclose \$50 Application Fee.

**Continuing Student** (if course applying for is within 12 months of last course taken)—Complete only your name, address, contact information, and section entitled “Admission Information.”

**Reenrolling Student** (if course applying for is more than 12 months from last course taken)—Complete all sections except “Education” and enclose \$50 Application Fee.

Print all information in pen.

## PERSONAL INFORMATION

Male  Female

Mr./Mrs./Miss \_\_\_\_\_

**Legal Name** (Last/First/Middle/Maiden) as on Social Security card or passport \_\_\_\_\_

**Mailing Address** (Street/City/State/ZIP) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

**Home Phone**

(\_\_\_\_\_) \_\_\_\_\_

**Cell Phone**

**E-Mail** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_

**Birth** (Mo./Day/Yr.) \_\_\_\_\_

**Place of Birth** \_\_\_\_\_

**Race** \_\_\_\_\_

**Height** (Ft./In.) \_\_\_\_\_

**Citizenship** \_\_\_\_\_

**Permanent Resident Card Holder?**  Yes  No

**Marital Status**

Married

Spouse's Full Name \_\_\_\_\_

Never Married

Widow/Widower

Divorced\*

Remarried\*

Separated\*

Single Parent\*

\*Include letter of explanation with application.

## ADMISSION INFORMATION

First-Time Student

Continuing Student

Reenrolling Student

**1. Applying for** (check one)

Summer \_\_\_\_ (Year) Circle Session(s) I II III IV

Fall \_\_\_\_ (Year)

Spring \_\_\_\_ (Year)

Distance Learning \_\_\_\_ (Year)

**2. Residence Options** (check all that apply)

Summers  Year Round  Distance Learning

**3. Housing**

**A.**  Need residence hall reservation for

Single (multiple occupancy)

Married couple (summer only) Spouse enrolled  Yes  No

**B.**  Need assistance locating housing

**4. Full-Time Christian Ministry**

Currently employed in full-time Christian ministry

Will be employed next year in full-time Christian ministry

**5. Summer Extended Payment Plan:**  Yes  No

(This plan does not apply to students who will be attending Graduate School year round or students attending fewer than three sessions this summer.)

## CHRISTIAN EXPERIENCE

**Have you trusted Jesus Christ as your Savior?**  Yes, when \_\_\_\_\_  No

(Include salvation testimony on separate sheet of paper.)

**Church Denomination** \_\_\_\_\_

Attend regularly?  Yes  No

Church member?  Yes  No

**Church Currently Attending** \_\_\_\_\_

**Pastor's Name** \_\_\_\_\_

**Church Mailing Address** (Street/City/State/ZIP) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
**Telephone No.**

# EDUCATION

**Learning Institutions:** List **all** colleges, Bible institutes, or technical schools attended. Use a separate sheet for additional school information.

1. School Name \_\_\_\_\_  
 Mailing Address (Street / City / State / ZIP) \_\_\_\_\_  
 Dates Attended \_\_\_\_\_ Degrees Received \_\_\_\_\_

2. School Name \_\_\_\_\_  
 Mailing Address (Street / City / State / ZIP) \_\_\_\_\_  
 Dates Attended \_\_\_\_\_ Degrees Received \_\_\_\_\_

**Transcripts:** You must have an official copy of **all** your transcripts on file at Pensacola Christian College to enroll in the graduate program. It is the applicant's responsibility to request each institution to send an official transcript to PCC. Request forms are available in the Seminary-Graduate Studies Catalog.

## ACADEMIC PROGRAMS

Check one box.

Non-degree (Check if you will be taking courses for teacher certification, transfer, continuing education, etc.)

### DIVISION OF ARTS AND SCIENCES

Nursing Department  M.S.N.

### DIVISION OF VISUAL AND PERFORMING ARTS

Performing Arts Department M.A. M.F.A.

Dramatics   
 Performance Studies   
 Music

Visual Arts Department M.A. M.F.A.

Graphic Design   
 Studio Art

(See Seminary-Graduate Studies Catalog for listings of programs, admission requirements, and residence options available for chosen program.)

### DIVISION OF PROFESSIONAL STUDIES

Business Department  M.B.A.

Education Department M.S. Ed.S. Ed.D.

Educational Leadership     
 Curriculum and Instruction:  
 Elementary     
 English     
 History     
 Mathematics   
 Music   
 Science     
 Secondary (General)     
 Speech

## CONFIDENTIAL

Check appropriate boxes. For "yes" answers, give complete details on separate sheet of paper. Include explanation from the doctor, dean of students, court, or parole officer.

Yes  No Do you have or have you ever had any significant physical or learning impairment?  
 Yes  No Have you ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist?  
 Yes  No Have you in any way ever used alcoholic beverages, tobacco, or illegal or dangerous drugs?  
 Yes  No Were you ever expelled, dropped, or suspended by any college?  
 Yes  No Are you or have you ever been under the supervision of a parole officer or court, or charged with a violation of the law which resulted in or, if still pending, could result in probation, community service, a jail sentence, or the revocation or suspension of your driver's license?

## REFERENCES

List all employers for the past five years (in order, most recent or current to earliest). Reenrolling students indicate present employer only. Use a separate sheet of paper for additional employers, and state your current employer, job description, and personal and professional goals.

1. Most Recent/Current Company's Name \_\_\_\_\_  
 Position and Dates Employed \_\_\_\_\_  
 Mailing Address (Street / City / State / ZIP) \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Mr. / Mrs. / Miss \_\_\_\_\_  
 Supervisor's Name and Title \_\_\_\_\_

2. Company's Name \_\_\_\_\_  
 Position and Dates Employed \_\_\_\_\_  
 Mailing Address (Street / City / State / ZIP) \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Mr. / Mrs. / Miss \_\_\_\_\_  
 Supervisor's Name and Title \_\_\_\_\_

## APPLICATION FEE PAYMENT

To pay the Application Fee by credit card, fill out the following information **required** to process your application, **including** credit card number, security code, expiration date, ZIP code, and name below.

Type of Card:  Visa  MasterCard  Discover

### Card Number

-     -     -

Security Code:

Last 3 digits from strip on back of card

Expiration Date:   -

Month Year

### Cardholder's ZIP Code

-

Cardholder's Name (Please print) \_\_\_\_\_

To fax application, you **must** fill in the above credit card information before transmitting BOTH SIDES of the completed application and any requested personal information to 1-800-722-3355.

## APPLICANT'S AGREEMENT

I certify that the information given on this application is complete and accurate. \_\_\_\_\_  
 Applicant's Signature Date

Enclose your salvation testimony, personal and professional goals, additional employers info, and any explanations requested.

### BE SURE TO ENCLOSE APPLICATION FEE.

(The Application Fee is nonrefundable and nontransferable.)

Pensacola Christian College offers access to its educational programs and activities based upon biblical standards and applicable laws that permit its right to act in furtherance of its religious objective. The College does not discriminate on the basis of race, color, sex, or national origin in administration of its educational policies, admission policies, and scholarship or loan programs.