

Pacific Baptist College

2600 N. White Ave., La Verne, CA 91750
Mail: PO Box 8050, La Verne, CA 91750
(909) 593-0123

RE-ADMISSION APPLICATION

This application is for (check whichever is appropriate):

Fall Spring _____ Year

1. Legal Name: Mr., Mrs., Miss (circle one)

Last Name First Name Middle

2. Home Address

Street Apt/Suite City State Zip Code

Cell #: (____) _____ E-mail (if changed): _____

Driver's License #: _____ State of License: _____

3. Your Present Age: _____ Date of Birth: _____ Male Female

4. Marital Status: Single Married Separated Widowed Divorced Remarried

If married, give spouse's name _____ Number of children _____

Do you plan to be married before enrollment? Yes _____ No _____

5. Selective Service No. _____

6. Name of local church you attend _____

Address of the church _____

Pastor's name _____

Are you a member? _____ Do you attend regularly? _____

7. CHECK UNDERGRADUATE MAJOR: Pastoral Studies Missions (Men)

Missions (Women) Church Education/Youth Elementary Church Education

Secondary Church Education Church Music Music Education

Associate of Arts - Bible Certificate of Bible Proficiency Undeclared

I HEREBY MAKE APPLICATION for admission to *Pacific Baptist College*. I agree to give cheerful and ready obedience to and cooperate with the spirit and regulations of the College. I understand that attendance at **PBC** is a privilege, not a right, and agree to regard it as such. I understand Pacific Baptist College does not discriminate against any ethnic or racial group.

Signature of Applicant _____ Date _____

PLEASE CHECK APPLICATION CAREFULLY. ALL QUESTIONS MUST BE ANSWERED AND APPLICATION FEE MUST BE SUBMITTED BEFORE APPLICATION WILL BE CONSIDERED.