Acts of Grace Bible College & Theological Seminary

*“Preparation In Excellence”*

**STUDENT APPLICATION**

**Fall/Winter Term Start Date: 3 OCT 2022**

### Please complete the application for college admission. Type or print legibly. Once your form is completed, submit the application and a recent (within 90 days) photograph of yourself via the online student portal or to email address:

### [agbc.central@gmail.com](mailto:agbc.central@gmail.com)**; Attention: Student Application**

# Student Application Checklist

The following items are required before we can evaluate your application. Please check that you have included the following information:

      Application for College Admission

**$50.00 Registration Fee** *(Registration payments are payable to: Acts of Grace Bible College*

*and Theological Seminary. Electronic payments shall be submitted at cashapp: $actsofgrace22.*

      Recent photograph (Passport or wallet sized photograph is acceptable)

      Two-character references (18 years of age and older)

      Copy of current Driver’s License or other legal identification

      Transcripts (High School or College Transcripts, as applicable)

      Copy of High School or GED Diploma (as applicable)

# STUDENT INFORMATION

### Please complete this application in its entirety. Attach a Passport (government) or wallet sized photograph (2X2 dimension photo). Failure to provide a completed application may delay the enrollment process.

**Please Check**:

Mr.  Mrs. Miss  Dr.  Pastor  Rev  Min  Other

Full Name:

Address (Street):

City: State: Zip:

Citizenship:

Phone: Home: Mobile:

E-mail: Date of Birth:

# ACADEMIC HISTORY

Name and City of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Year of High School Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Year of GED Completion: Location:

## Name of all Educational Institutions Attended: Dates of Attendance: Diploma/Degree (or credits) Earned:

From To

From To From To

\*Note: Please use an additional sheet to list other schools if needed.\*

# Degree Program Selection

# (Please mark the appropriate box)

### SINGLE PROGRAM

* General Education Diploma (GED)

### CERTIFICATE PROGRAM

* Biblical Studies

### DIPLOMA

* Biblical Studies

### ASSOCIATE’S DEGREE

* Biblical Studies / Theology

### BACHELOR’S DEGREE

* Biblical Studies / Theology
* Christian Counseling
* Ministry

### MASTER’S I & II DEGREE

* Biblical Studies / Theology
* Christian Counseling
* Ministry

### DOCTORAL DEGREES

* Biblical Studies / Theology
* Christian Counseling
* Ministry

### DOCTOR OF PHILOSOPHY (Ph. D)

* Biblical Studies / Theology
* Christian Counseling
* Ministry

# LIST OF REFERENCES

# (Minimum of two (2) references required)

1. Name: Full Address: Phone - Home: Email:
2. Name: Full Address: Phone - Home: Email:

3. Name: Full Address: Phone - Home: Email:

4. Name: Full Address: Phone - Home: Email:

# ENROLLMENT AGREEMENT

I give **Acts of Grace Bible College and Theological Seminary (AGBC&TS)** permission to contact any references listed above. I hereby certify that all information presented herein is true to the best of my knowledge; that there is no misrepresentation of the materials or myself presented. I fully understand that all course work must be entirely my own, and all assigned course work and examinations must be satisfactorily completed, and that all fees must be fully paid before I can receive a degree, certificate or transcript from the **AGBC&TS**. ***The required registration fee of $50.00 is nonrefundable.***

In the event that any information presented herein is discovered to be a misrepresentation or should any standard be violated and discovered, I understand that this may lead to immediate program termination, and that all courses that have been previously completed will be counted as a failed course and any credits that were previous granted will be revoked and not counted towards any degree, diploma, certificate or credits.

I understand that, as a student of the **AGBC&TS.** I will be under the jurisdiction of the catalog in effect and any future edition. I also agree to abide by the financial terms of this application for enrollment. I am aware that **AGBC&TS** is an accredited institution of nongovernmental status and degree programs of study have been declared by the appropriate state authority exempt from the requirements for licensure, under provisions of Virginia for exemption from licensure with respect to religious education. Exemption from licensure is not based upon assessment of program quality under established licensing standards.

***Student’s Signature Date***

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**FOR OFFICE USE ONLY**

Degree Plan Approved for Student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Accepted and Enrolled:

Transcript (s) Received: Yes  No

Number of Credits and Courses accepted From Transcript (s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Government Identification Validated: Yes  No

**Evaluation Completed by: *(****Must be completed by College Staff Only****)***

***Name Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***