



Covenant Bible College & Theological Seminary

OFFICE OF ADMISSIONS

P. O. Box 1637
 New Albany, IN 47151 USA
 Phone: 502-365-5571
 Email: admissions@cbcts.us
 Web: www.cbcts.us

<input type="checkbox"/> Date Received: ___/___/___
<input type="checkbox"/> Reviewed By: _____
<input type="checkbox"/> Date Received: ___/___/___
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied

ADMISSIONS APPLICATION

There is a one-time non-refundable Application/Registration fee in the amount of \$50.00, which is due and payable upon submission of this application. Please make all checks or money orders payable to: **COVENANT BIBLE COLLEGE & THEOLOGICAL SEMINARY** and return to the address above. Upon acceptance, a Tuition Finance Agreement and Degree Program Syllabus will be delivered to you vial mail and email.

Last Name: _____ First Name: _____ MI: _____ Last 4 of SSN: _____
 Age: _____ DOB: ___/___/___ Sex: Male Female Marital Status: Married Single Divorced
 Address: _____ City: _____ State: _____ Zip: _____
 Phone 1:(____) _____ - _____ Phone 2:(____) _____ - _____ Email: _____

I am applying for: *choose only one*

- Diploma Program
- Undergraduate Degree Program (AA/BA)
- Graduate Degree Program (Masters)
- Post-Graduate Degree Program (Doctorate)

I will major in: *choose only one*

- Biblical Studies
- Divinity
- Theological Studies
- PhD Programs only:**
- Ministerial Studies
- Theological Studies
- Christian Counseling
- Ministry
- Religious Studies

List all schools, colleges, universities and seminaries attended:

Name of School & Location	Dates Attended	Diploma/Degree Earned
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	

Admissions Application Instructions:

- On a separate sheet of paper, provide us with a sample of your writing by telling us the reasons you are applying for admission in CBCTS. Please limit writing sample to 200 words or less.
- Attach a copy of your current Professional/Ministerial Resume.
- Using Form **CBCTS-TR101** request an official transcript from all previous schools be sent to CBCTS. Please be advised that Honorary Degrees **will not** be accepted for credit towards any academic degree program requirements.
- By submitting this application for admission as a student in CBCTS, you certify that all information presented herein is true and accurate.
- By submitting this application for admission as a student in CBCTS, you agree to the terms and conditions of Tuition payment, textbooks, and materials. The application fee in the amount of **\$50.00** is attached herein and you understand that all monies paid to CBCTS, its subsidiaries and agents are non-refundable.

I, _____, hereby certify that all information attached and presented herein is true and accurate to the best of my knowledge. I hereby make application for admission as a student in the Degree Program indicated herein, and will endeavor to do my best to adhere to the standards, policies and requirements of Covenant Bible College & Theological Seminary.

Signature: _____

Date: ___/___/___