

- Warren, Ohio
- Columbus, Ohio
- Gloucester, Virginia
- Cleveland, Ohio
- Philadelphia, Pennsylvania

# Northeastern College of Theology

*Satellite Campuses for*

## North Carolina College of Theology



### APPLICATION FOR ADMISSION

\*PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION

**Please PRINT clearly:**

NAME (Last) _____			(First) _____			(Middle or Maiden) _____		
HOME PHONE _____			WORK PHONE _____			CELL PHONE _____		
SOCIAL SECURITY # _____			DATE OF BIRTH (MM/DD/YEAR) ____/____/____			SEX: [ ] MALE [ ] FEMALE		
MARITAL STATUS: [ ] SINGLE [ ] MARRIED [ ] DIVORCED [ ] OTHER _____								
PLACE OF BIRTH (City and State) _____					NAME OF SPOUSE _____			
MAILING ADDRESS _____						APARTMENT # _____		
CITY _____				STATE _____		ZIP _____		
EMAIL ADDRESS: _____								

**Program of Desired Enrollment** \_\_\_\_\_

\_\_\_\_\_

**Degree Level of Enrollment:**  Associate  Bachelor  Masters  Doctorate

### BACKGROUND INFORMATION (This information taken to better serve you as a student.)

Present Occupation: \_\_\_\_\_ How long? \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Local Church: \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Are you a minister? [ ] Yes [ ] No    Licensed? [ ] Yes [ ] No    Ordained? [ ] Yes [ ] No    [ ] Other? \_\_\_\_\_

How long have you been in full-time service? \_\_\_\_\_ years \_\_\_\_\_ months

To what denomination or organization do you belong or classify yourself? \_\_\_\_\_

Reference: Relative/Friend: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### ETHNIC ORIGIN (This information required by the Civil Rights Act.)

[ ] Caucasian (non-Hispanic) [ ] Asian Pacific Islander [ ] Hispanic [ ] Black (non-Hispanic) [ ] American Indian / Alaskan

[ ] Other: Specify \_\_\_\_\_

### CITIZENSHIP

Country of Birth \_\_\_\_\_ Are you a citizen of the United States? [ ] Yes [ ] No

*If No, please answer the following questions:*

Of what country are you a citizen? \_\_\_\_\_

Are you a permanent U.S. resident? [ ] Yes [ ] No    Alien Registration # \_\_\_\_\_

Do you presently have a U.S. Visa? [ ] Yes [ ] No    If yes, what type? \_\_\_\_\_

Expiration Date: \_\_\_\_\_

# EDUCATION INFORMATION

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you did not graduate, have you obtained a GED? [ ] Yes [ ] No When? \_\_\_\_/\_\_\_\_/\_\_\_\_

*List ALL colleges attended in chronological order (latest last)...Attach additional sheets, if necessary.*

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Dates attended: From \_\_\_\_\_ to \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_ [ ] Semester [ ] Quarter

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Dates attended: From \_\_\_\_\_ to \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_ [ ] Semester [ ] Quarter

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Dates attended: From \_\_\_\_\_ to \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_ [ ] Semester [ ] Quarter

Are you currently enrolled in the last institution attended? [ ] Yes [ ] No

If so, what will be your last date of attendance? \_\_\_\_\_

Are you eligible for re-admission to any of the institutions listed? [ ] Yes [ ] No

If no, are reasons [ ] Academic? [ ] Disciplinary? [ ] Other (attach explanation)

## ADDITIONAL INFORMATION

Have you ever been convicted for the violation of any federal, state, county, or municipality law?

(excluding minor traffic violations) [ ] Yes [ ] No If yes, give full details on an attached sheet.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>■ \$60.00 Non-Refundable Application Fee must be submitted with application.</li> <li>■ Upon approval, one-third of Tuition must be paid at registration.</li> <li>■ Textbook Fees must be paid before receipt of any material.</li> </ul> | <ul style="list-style-type: none"> <li>■ Graduation Fees must be paid each year, as follows:<br/>– <i>Doctoral Graduates BEFORE 1st Week of March;</i><br/>– <i>other Graduates BEFORE 1st Week of April.</i></li> <li>■ Balance of Tuition must be paid by April 15th of each year.</li> </ul> |
|---|---|

*I have completed this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. I do hereby agree to abide by the high ethical standards set forth by the North Carolina College of Theology and to conduct myself in accordance to the expectation of NCCT in order for my life to bring glory and honor to the Lord, Jesus Christ.*

*I have read the Statement of Faith of the North Carolina College of Theology and agree to follow its doctrinal stand in accordance to the Word of God.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Northeastern College of Theology Administration Offices

763 Hoyt St. Warren, OH 44485	330-392-1814	6515 Walter Reed Dr. Gloucester, VA 23061	804-824-9325
PO Box 247694 Columbus, OH 43224	614-563-1022	2009 S. John Russell Circle Unit A Elkins Park, PA 19027	215-439-8794
12002 Ashbury Rd. Cleveland, OH 44106	216-791-3337		