American Mission Teams/International Affiliate School (Mission Bible Training College) Student Application fee of \$75.00 due with application. If you are unable to pay the application fee at the present time you can work out a payment plan that must be paid by the end of each term.

*Application Fee Is \$75.00 /*Course Material/Online Books Fee per person \$200.00 Dual Husband Wife Enrollment total for two: FEE \$300 Plus Application fee of 75\$ per person. If you would like to Proxy, the Class; the Fee is \$100.00 plus the \$75 Application fee. If you proxy the class, you will not be required to do the course work or testing. You will only receive a Certificate of Completion, and you must attend all class lectures

Addre	ess:Nation								
	cityE-mail address								
Phone: Fax #									
Admi	nistrato	r/Agent:						_STUDENT	
INFO	RMATIO	N: Student	's						
Name	e:						Occupatio	n:	
			City:				Date of Birth	:	
MM_	DD	YYYY	Place o	f Birth	:			High	
Scho	ol gradu	ate or GED	Date: MM_	_DD_	YY	City:			
Natio	n			(Colleg	e attended-	City:		
			Natic	n:			Highest gı	rade	
comp	oleted, if	applicable	e:				School name		
			School add	dress		Phone # Home			
	Cell				Spouse's name:				
							_ E-mail address ((optional):	
						Name	of church you atte	nd:	
						Church	address-City:		
			N	ation: _		Pa	astoral Reference:	:	
Name	e:								
Addre	ess:							City:	
			Natic	n:					
Phon	e:					Non	n-Discrimination P	olicy:	
AMT/	IAS does	s not discri	minate on th	ne basi	is of na	ationality, et	hnic origin, age, oı	r gender. We	
guara	intee the	e rights and	l privileges,	and the	e avail	ability of pro	ograms and activit	ies to all	
stude	ents at th	ne College.	Privacy Righ	nts of S	Studer	nts: Statute 2	20, United States (Code, 1232g	

and regulations adopted pursuant thereto. The code provides for an institution to establish a category of student information termed "directory information." All information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income information records, transcripts or student permanent academic records, student placement records, and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student; except as required for use by the President in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction. PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT OF AGREEMENT BEFORE SIGNING I agree that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the college. I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, 1232g. I certify by my signature that I agree to abide by the policies of this institution as described in the AMT/IAS Student Handbook and Course Catalog. I understand that AMT/IAS is accredited by ACI, a private non-governmental agency and is not regionally accredited. ACI (Mission Bible Training College) has not sought U.S. Department of Education recognition at this time nor does ACI (Mission Bible Training College) guarantee the acceptance of academic credit by colleges and universities or other Bible Schools. I acknowledge that AMT/IAS is not a job placement service and makes no claims regarding employment. Rev. 10/06 Form #22 Student Signature

Date
Date

American Mission Teams/International Affiliate School Student Autobiography Outline AMT/IAS (Misson Bible Training College)

AUTOBIOGRAPHY ABOUT YOU FROM A CLERGY:

Name Of Clergy		
Church Address:	City	
	Phone:	
Administrator/Agent:		1.
Name of student:		2. Brief
testimony: 3. Adult work experience	e: list dates and length of employment, briefl	ly describe
major work experiences: 4. Volunte	er activities/Christian service. List dates and	d activities.
5. Formal education: list dates, sch	nools, programs, etc.: 6. Personal goals: 7. Ho	obbies,
travel or other goals motivating you	to attend ICBT: (Use the back side of this for	rm if more
space is required.) Rev. 10/06 Form	n #23 43 American Mission Teams/Internation	nal Affiliate

American Mission Teams/International Affiliate School Student biography Outline AMT/IAS (Misson Bible Training College)

BIOGRAPHY ABOUT YOURSELF:

YOUR NAME		
Church Address:	City	
Nation	Phone:	
Administrator/Agent:		
EMAIL:		
FACEBOOK		
INSTAGRAM		
TICKTOCK		
1. Name Preferred to be called as a	student:	
	2. Brief testimo	ny: 3.
Adult work experience: list dates ar	nd length of employment, briefly describe maj	or work
experiences: 4. Volunteer activities	/Christian service. List dates and activities. 5.	Formal
education: list dates, schools, prog	rams, etc.: 6. Personal goals: 7. Hobbies, trav	el or other
goals motivating you to attend ICBT	: (Use the back side of this form if more space	e is
required.) Rev. 10/06 Form #23 43 A	American Mission Teams/International Affiliate	3

American Mission Teams/International Affiliate School MINISTRY LIFE EXPERIENCE EVALUATION Personal Information: (Mission Bible Training College)

MINISTRY LIFE EXPERIENCE

ADDRESS:			CITY
			CITY:
TELEPHONE:			
	HIGH SCHOOL		tle) YES NO IF NO.
GED? YES NO SCHOLASTIC IN		•	,
COLLEGE DEGREE: YES	NO IF YES, WHAT DEGI	 REE?:	
	CERTIFICATES,	DIPLOMAS, EAF	RNED AND WHERE?
MINISTERIAL INFORMA	TION ARE YOU: (circle)	A LICENSED MII	NISTER: AN
ORDAINED MINISTER: IF SO, V	VITH WHOM?:		
MINISTRY GOAL?:			_WHAT IS YOUR
MINISTRY GOAL:			
	ON THE FC	DRM PROVIDED,	WRITE OUT YOUR
MINISTERIAL - SECULAR RESU	JME. School Site – City:		
	State: _	Zip:	Administrato
	Date	o:	44
American Mission Teams/Inter	rnational		
American Mission Teams/Inter	national Affiliate Schoo	ol MINISTERIAL /	SECULAR RESUME

SECULAR RESUME

NAME: LAST:			FIRST:		
ADDRESS:					
your ministry and		0	,	•	
start of your work	-	-		-	ume. Use
additional pages if needed. From date:					
			City:		
			From date: _	To da	ate:
Activity:			•		
Nation:			From	date:	To date:
Activity: _				-	
	Na	tion:			
From date:		_			
			City:		Nation:
			From date: _	To da	te:
Activity:			City: _		
Nation:			Fror	n date:	To date:
Activity: _				City:	
	Na	tion:			
From date:	To date:	Activity:			
			_ City:		Nation:
			From date: _	To da	ate:
Activity:			City: _		
Nation:Activity:			From	date:	To date:
				City:	
	Na	tion:			
From date:					
			City:		Nation:
			Form is to be	attached to t	he Ministerial
Life Experience Ev	valuation form	and given to th	ne ICBT Adminis	trator for the	student file.