

North Carolina College of Theology

Satellite Extension Program



Reaching the World for Jesus...
One Student at a Time!

APPLICATION

This application may be printed, personally signed
and submitted via mail to:

NCCT
PO Box 865
Carolina Beach, NC 28428

When completing the application digitally, you may also sign it using a previously saved digital signature file or you may create one using various software including Adobe Acrobat. Many versions of Adobe Acrobat will instruct you on how to create your personal digital signature when clicking onto the signature line. Your application may then be uploaded via our secure website.


North Carolina College of Theology

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APPLICATION FOR ADMISSION

*PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION

DATE			
NAME <small>LAST</small>		FIRST	MIDDLE or MAIDEN
PHONE <small>HOME</small>		CELL	WORK
SOCIAL SECURITY #		BIRTH DATE <small>MM/DD/YEAR</small>	
PLACE OF BIRTH <small>CITY</small>		STATE	SEX Male Female
MARITAL STATUS Single Divorced Married Other _____		NAME OF SPOUSE <small>(if applicable)</small>	
MAILING ADDRESS <small>(include Apt #, if applicable)</small> <small>STREET / PO BOX</small>			
<small>CITY</small>		<small>STATE</small>	<small>ZIP</small>
EMAIL ADDRESS			

PROGRAM OF DESIRED ENROLLMENT				
DEGREE LEVEL OF ENROLLMENT <small>(Please also check if you prefer hard copy textbooks or flash drive)</small>				
ASSOCIATE Hard Copy Flash Drive	BACHELOR Hard Copy Flash Drive	GRADUATE Hard Copy Flash Drive	MASTERS Hard Copy Flash Drive	DOCTORATE Hard Copy Flash Drive
Type your name exactly as you would like it on your DEGREE. 				

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

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

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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	<i>If NO, please answer the following questions.</i>
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			Date of Graduation		
City		County		State	
If you did not graduate, have you obtained a GED?			Yes	No	When? (MM/DD/YEAR)

List ALL colleges attended in chronological order (latest last)...If additional space is needed, please use page 4)

Name of Institution			City		State
Dates attended: From		to	Hours Earned		Semester Quarter
Degree(s) Received					
Name of Institution			City		State
Dates attended: From		to	Hours Earned		Semester Quarter
Degree(s) Received					
Name of Institution			City		State
Dates attended: From		to	Hours Earned		Semester Quarter
Degree(s) Received					
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 (please explain on page 4 if more space is needed)					

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 page 4.
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- \$60.00 Non-Refundable Application Fee must be submitted with application.
- Upon approval, one-third of Tuition must be paid at registration.
- Textbook Fees must be paid before receipt of any material.
- Graduation Fees must be paid each year, as follows:
 - *Doctoral Graduates BEFORE 1st Week of March;*
 - *other Graduates BEFORE 1st Week of April.*
- Balance of Tuition must be paid by April 15th of each year.

☐

By checking this box you are acknowledging that NCCT is accredited by religious accreditations. All degrees awarded by NCCT are solely for religious vocations only. Transferability of credits from NCCT to another institution is at the discretion of the receiving institution.

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

COPYRIGHT ACKNOWLEDGMENT AND AGREEMENT

As a student, an affiliate with North Carolina College of Theology, I do hereby acknowledge submission to the **COPYRIGHTS of ALL NCCT CURRICULUM and RESOURCE MATERIALS.** At no time will I, the student, copy or plagiarize NCCT curriculum or resource materials.

By my signature below, I hereby agree and submit to these terms.

*Signature

Date

Additional educational information and/or explanation:

Additional information regarding conviction for the violation of any federal, state, county, or municipality law (excluding minor traffic violations):

Additional miscellaneous information: