

FOR MAIN CAMPUS USE ONLY

STUDENT ID	DATE RECEIVED	DATE ENTERED INTO C-R	ENTERED BY	INITIAL ROLES STUDENT FACULTY	HOST PASTOR DIRECTOR	ADMINISTRATOR HQ STAFF MEMBER	ADVISOR
CAMPUS CODE	DATE APPROVED	DATE ASSESSED	ASSESSED BY	DESIGNATED STUDENT ADVISOR			



Life Christian Bible Institute of Lubbock

DEGREE STUDENT APPLICATION

IMPORTANT:

- Please PRINT or TYPE.
- ANSWER ALL QUESTIONS. Applications will not be processed nor academic standing be assessed unless all questions are answered and the application signed and dated by the applicant.
- Do not leave any question blank. Put "N/A" if an item does not apply.

1. PERSONAL INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/>	MAIDEN NAME, IF APPLICABLE	PRI. LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH
MAILING ADDRESS		CITY	STATE / PROVINCE	POSTAL CODE	COUNTRY	
HOME AREA CODE & PHONE NUMBER		WORK AREA CODE & PHONE NUMBER		CELLULAR AREA CODE & PHONE NUMBER		
PRIMARY E-MAIL ADDRESS			SECONDARY E-MAIL ADDRESS			
GENDER MALE FEMALE	MARITAL STATUS SINGLE MARRIED	RACE CAUCASIAN HISPANIC	BLACK ASIAN OTHER NATIVE AMERICAN	CITIZEN OF USA OTHER (PLEASE SPECIFY)	PLACE OF BIRTH	DATE OF BIRTH (MM/DD/YYYY)
EMERGENCY CONTACT NAME		CONTACT AREA CODE AND PHONE NUMBER		CONTACT RELATIONSHIP		

2. CHURCH BACKGROUND / MEMBERSHIP & MINISTRY EXPERIENCE

CHURCH BACKGROUND / DENOMINATION						
CHURCH PRESENTLY ATTENDING				PASTOR'S NAME		
CURRENT MINISTRY STATUS, IF ANY	SENIOR PASTOR ASSISTANT PASTOR MISSIONARY	EVANGELIST ITINERANT TEACHER CHILDREN'S MINISTER	YOUTH MINISTER MUSIC MINISTER LAY MINISTER	CHURCH / MINISTRY ADMINISTRATOR CHAPLAIN CHRISTIAN BROADCASTING	OTHER (PLEASE SPECIFY) N / A	
MINISTRY CREDENTIALS? LICENSED N / A ORDAINED	CREDENTIALING ORGANIZATION		PAST MINISTRY INVOLVEMENTS	PASTORAL TEACHER EVANGELISM	RADIO/TV N / A OTHER (SPECIFY):	MINISTRY START DATE (MM / YYYY)

3. EDUCATIONAL INFORMATION

HAVE YOU PREVIOUSLY ATTENDED LIFE CHRISTIAN UNIVERSITY OR LIFE CHRISTIAN BIBLE INSTITUTE? YES NO						
HIGH SCHOOL NAME*	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	STUDY EMPHASIS	DID YOU GRADUATE?	YES NO	DIPLOMA G.E.D.
SCHOOL NAME**	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	MAJOR	DIPLOMA / DEGREE EARNED		

ALL EDUCATIONAL BACKGROUND MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:

*If you have not attended an accredited college or university, you must send a photocopy of your high school transcript, diploma, or GED.

**List all schools including Bible institutes, Bible colleges, other colleges or universities. Must have original, sealed, official transcripts sent directly to your local campus.

NOTE: It is the applicant's responsibility to order, pay for, and—if necessary—follow-up on all transcripts ordered.

4. PLEASE STATE YOUR SALVATION TESTIMONY

5. PLEASE BRIEFLY STATE YOUR EDUCATIONAL & MINISTRY GOALS

Non-Discrimination Policy

This institution does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students.

Privacy Rights of Students

STATUTE 20, UNITED STATES CODE, §1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (i.e., the IRS, FBI, or other government agencies, and for use in institute publications). We have identified the following student data as "directory information:"

- | | | |
|----------------------|-------------------------------|---|
| 1. Name | 5. Date & Place of Birth | 9. Dates of Attendance |
| 2. Address | 6. Major Field of Study | 10. Degrees & Awards Received |
| 3. Telephone Listing | 7. Church Membership | 11. Most Recent Previous Educational Institution Attended |
| 4. Race | 8. Denominational Affiliation | |

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income 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 BEFORE SIGNING.

1. I certify 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 into the academic program.
2. I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, §1232g.

SIGNATURE

DATE

*Make a payment of \$60 for your application fee, payable to your campus.
Submit this completed application to the Director.*