



# Georgia Baptist College *and* Georgia Baptist Theological Seminary

## Application for Admission

I am applying for (please check one):

- Fall Semester
- Spring Semester
- Online

Please attach a small photo.

### **Personal Information**

Name \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Citizenship \_\_\_\_\_

Place of Birth \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

### **Family Information**

**Current Marital Status** (Check all that apply)  Married (Spouse's full name) \_\_\_\_\_

Never married  Widow or Widower  Separated\*  Divorced\*  Remarried\*

Single Parent\*

**\*If you checked an item with an asterisk please send a letter of explanation.**

Are you living with your parents? If not, please explain.

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Do your parents approve of your attendance at Georgia Baptist College? Please explain. \_\_\_\_\_

**Admission Information**

Applying to attend :  College  Seminary

Entrance date \_\_\_\_\_ Are you applying for dormitory space? \_\_\_\_\_

Probable major \_\_\_\_\_ Probable minor \_\_\_\_\_

**Education Information**

High school that you attended \_\_\_\_\_

Graduation date or expected graduation date \_\_\_\_\_

School telephone number \_\_\_\_\_

School Mailing address \_\_\_\_\_

Athletic opportunities that you participated in \_\_\_\_\_

Are you home schooled? \_\_\_\_\_ Did your parents keep your records? \_\_\_\_\_

Have you taken the ACT? \_\_\_\_\_ When? \_\_\_\_\_ SAT I? \_\_\_\_\_ When? \_\_\_\_\_

Please list all schools that you have attended since high school.

**PLEASE HAVE ALL TRANSCRIPTS SENT TO GEORGIA BAPTIST COLLEGE.**

School name and address	Dates attended	Degree Received
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_____	_____	_____
_____	_____	_____
_____	_____	_____

If you received a degree from another college what was your major? \_\_\_\_\_

Do you anticipate receiving transfer credit? \_\_\_\_\_

Have you ever been dismissed or placed on academic or disciplinary probation from any school? \_\_\_\_\_

(If yes, please explain on a separate sheet of paper.)

Have you or your parents on your behalf incurred any educational debts that have not been paid in full while you have attended other educational institutions? \_\_\_\_\_ (If yes, please explain on separate paper.)

**Military Information**

Have you ever served in the armed forces? \_\_\_\_\_ What branch of Service? \_\_\_\_\_

Date enlisted and term of enlistment \_\_\_\_\_

Type of Discharge (If not honorable, please explain.)

**Confidential Information**

Do you have faith in Christ for your salvation? \_\_\_\_\_ When? \_\_\_\_\_ Are you a church member? \_\_\_\_\_

Do you attend church regularly? \_\_\_\_\_ Denomination \_\_\_\_\_ Pastor \_\_\_\_\_

Name of church \_\_\_\_\_ Telephone Number \_\_\_\_\_

Church mailing address \_\_\_\_\_

Testimony of Salvation ( In the space provided please record your personal testimony of faith in Christ.)

Please answer yes or no to the following questions: (If yes, please attach an explanation.)

Have you ever used illegal drugs? \_\_\_\_\_

Have you ever used alcoholic beverages? \_\_\_\_\_

Have you ever used tobacco products? \_\_\_\_\_

Have you ever been suspended, expelled, or requested to withdraw from another school? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

Have you ever had any type of learning disability or impairment? \_\_\_\_\_

Have you ever received treatment for any type of psychological disorders? \_\_\_\_\_

**References**

Please list the names of people from whom you are requesting referrals.

Pastor \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

\*Please see the attached referral forms.

I certify that the information given on this application is complete and accurate, and verify my willingness to cooperate with the philosophy, purpose, and standards of Georgia Baptist College. I agree to abide by the policies of the college as set forth in the student handbook. Falsification of any kind regarding this application may result in cancellation of admission or dismissal from Georgia Baptist College.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

PLEASE MAKE SURE TO INCLUDE YOUR \$40 APPLICATION FEE.  
(Check or money orders only, do not send cash)



# Transcript Request Form

Georgia Baptist College *and*  
Georgia Baptist Theological Seminary

**To the Registrar or Principal**

I have applied to Georgia Baptist College or Theological Seminary for the Fall \_\_\_\_ / Spring \_\_\_\_ semester of the year \_\_\_\_\_.

Please send a copy of my College transcript \_\_\_\_\_ / High School transcript \_\_\_\_\_

To : The Director of Admissions/ Registrar  
Georgia Baptist College  
3867 Hwy 85  
Senoia, GA 30276  
U.S.A.

Attach the Personal Information given below to the transcript prior to mailing.

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

**Personal Information**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Last term attended and Year \_\_\_\_\_

Birth Date \_\_\_\_\_ Graduation date \_\_\_\_\_



# Academic Recommendation Form

Student: *Please complete the first section and then give it to your principal or college registrar. Do not give this form to a relative. Your application will not be processed until this form is received.*

*I am authorizing the release of the following requested information to be part of my application for admission to Georgia Baptist College. I understand that this questionnaire will be mailed directly to Georgia Baptist College and will be kept confidential.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student's Name

Address \_\_\_\_\_

***To be completed by the Principal or College Registrar that is recommending the above student.***

Please answer each question as frankly. The information given on this form will be kept confidential. This information will enable us to make more intelligent decisions concerning our applicants.

1. What is your relationship to the above student?
2. Is this person trustworthy?
3. Do you know of any reason why this person would not be a good candidate for study at our college?
4. Do you believe that this person would be able to complete college studies successfully?
5. List any outstanding traits or extremes about this person.
6. Would you want your children to spend much time with this person?

Please mail the completed form to: Director of Admissions/ Registrar at Georgia Baptist College 3867 Hwy 85, Senoia, GA 30276

\_\_\_\_\_  
Signature of Person filling out form

\_\_\_\_\_  
Telephone Number

Address \_\_\_\_\_



# General Recommendation Form

Student: *Please complete the first section and then give it to the personal reference you have chosen. Do not give this form to a relative. Your application will not be processed until this form is received.*

*I am authorizing the release of the following requested information to be part of my application for admission to Georgia Baptist College. I understand that this questionnaire will be mailed directly to Georgia Baptist College and will be kept confidential.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student's Name

Address \_\_\_\_\_

***To be completed by the personal reference:***

Please answer each question as frankly. The information given on this form will be kept confidential. This information will enable us to make more intelligent decisions concerning our applicants.

1. What is your relationship to the above student?
2. Is this person trustworthy?
3. Do you know of any reason why this person would not be a good candidate for study at our college?
4. Do you believe that this person would be able to complete college studies successfully?
5. List any outstanding traits or extremes about this person.
6. Would you want your children to spend much time with this person?

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\_\_\_\_\_  
Signature of Person filling out form

\_\_\_\_\_  
Telephone Number

Address \_\_\_\_\_



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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student's Name

Address \_\_\_\_\_

***To be completed by the personal reference:***

Please answer each question as frankly. The information given on this form will be kept confidential. This information will enable us to make more intelligent decisions concerning our applicants.

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2. Is this person trustworthy?
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Signature of Person filling out form

\_\_\_\_\_  
Telephone Number

Address \_\_\_\_\_