



Georgia Baptist College
Georgia Baptist Theological Seminary

Application for Admission

Fall Spring

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 _____

Family Information

Father's Name _____ Mother's Name _____

Address _____

Father's Occupation _____ Mother's Occupation _____

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

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

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.

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 _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.)

Transcript Request Form

Georgia Baptist College 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
6675 E. Hwy. 16
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
6675 E. Hwy 16 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.

7. What is your relationship to the above student?

8. Is this person trustworthy?

9. Do you know of any reason why this person would not be a good candidate for study at our college?

10. Do you believe that this person would be able to complete college studies successfully?

11. List any outstanding traits or extremes about this person.

12. 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
6675 E. Hwy 16 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 your personal reference. 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.

13. What is your relationship to the above student?

14. Is this person trustworthy?

15. Do you know of any reason why this person would not be a good candidate for study at our college?

16. Do you believe that this person would be able to complete college studies successfully?

17. List any outstanding traits or extremes about this person.

18. 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
6675 E. Hwy 16 Senoia, GA 30276

Signature of Person filling out form

Telephone Number

Address