



APPLICATION FOR ADMISSION

128 RIVER STREET, PO BOX 22017, FREDERICTON, NB E3A 5T6 TEL: 506-453-1590 FAX: 506-453-1596

PERSONAL INFORMATION

LAST NAME/FAMILY NAME		FIRST NAME AND MIDDLE NAME(S)	
DATE OF BIRTH (M/D/Y)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL INS/SECURITY NUM	DO YOU HAVE A DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE EXPLAIN)
PLACE OF BIRTH		CITIZENSHIP	
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> ENGAGED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	THIS SECTION FOR MARRIED/SINGLE PARENT STUDENTS ONLY:SPOUSE & CHILDREN'S NAMES		

MAILING ADDRESS

STREET ADDRESS, APARTMENT NUMBER, BOX NUMBER			CITY OR TOWN	
PROV/STATE	COUNTRY	POSTAL/ZIP CODE	PHONE NUMBER	E-MAIL ADDRESS
NAME OF PARENTS OR GUARDIAN			PHONE NUMBER	
STREET ADDRESS, APARTMENT NUMBER, BOX NUMBER			CITY OR TOWN	
PROVINCE	COUNTRY	POSTAL CODE	E-MAIL ADDRESS	

ACADEMIC INFORMATION

NAME OF SCHOOL	LOCATION	DATES ATTENDED/GRADUATION		
HIGH SCHOOL		FROM	TO	GRAD: YES/NO
COLLEGE/UNIVERSITY		FROM	TO	GRAD: YES/NO
CURRENTLY ATTENDING	<input type="checkbox"/> GRADE 11 <input type="checkbox"/> GRADE 12			
CURRENTLY ATTENDING	<input type="checkbox"/> UNIVERSITY <input type="checkbox"/> COLLEGE <input type="checkbox"/> NO EDUCATIONAL INSTITUTION			
HAVE YOU EVER BEEN PLACED ON PROBATION OR DISMISSED	FOR ACADEMIC REASONS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES PLEASE EXPLAIN (USE SEPARATE SHEET IF REQUIRED)	FOR DISCIPLINARY REASONS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROGRAM OF STUDY: PLEASE CHECK WHICH MAJOR YOU ARE PLANNING TO ENROLL IN. <input type="checkbox"/> THEOLOGY <input type="checkbox"/> MUSIC				
I PLAN TO ENROLL: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING YEAR:		COURSE LOAD: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		

CHURCH INFORMATION

CHURCH NAME	YEARS ATTENDED	DENOMINATION
PASTOR'S NAME	PASTOR'S PHONE NUMBER	
HAVE YOU REPENTED OF YOUR SINS AND BEEN BAPTIZED IN THE NAME OF JESUS CHRIST? <input type="checkbox"/> YES <input type="checkbox"/> NO		INITIAL DATE
HAVE YOU RECEIVED THE HOLY SPIRIT EVIDENCED BY SPEAKING IN TONGUES? <input type="checkbox"/> YES <input type="checkbox"/> NO		INITIAL DATE

FINANCIAL INFORMATION

HOW DO YOU PLAN TO FINANCE YOUR EDUCATION?

SELF-SUPPORTING PARENTAL SUPPORT STUDENT LOAN OTHER

ARE YOU IN DEBT? YES NO

ADDITIONAL INFORMATION

PLEASE LIST ANY MUSICAL INSTRUMENTS THAT YOU PLAY:

LIST ANY ACTIVITIES YOU ARE INVOLVED IN: (CHURCH, HOBBIES ETC.)

IF APPROVED WILL YOU ABIDE BY ALL REGULATIONS OF THE COLLEGE AND SUBMIT YOURSELF TO THOSE IN AUTHORITY? YES NO

REFERENCES

(THREE REQUIRED, ONE BEING YOUR PASTOR; NO RELATIVES EXCEPT IN THE CASE WHERE YOUR PASTOR IS RELATED.)

1. NAME OF PASTOR		**PASTOR REFERENCE WILL BE SENT DIRECTLY FROM NCC.	
STREET ADDRESS, APARTMENT NUMBER, BOX NUMBER		CITY OR TOWN	
PROVINCE	COUNTRY	POSTAL/ZIP CODE	E-MAIL ADDRESS
2. NAME			
STREET ADDRESS, APARTMENT NUMBER, BOX NUMBER		CITY OR TOWN	
PROVINCE	COUNTRY	POSTAL/ZIP CODE	E-MAIL ADDRESS
3. NAME			
STREET ADDRESS, APARTMENT NUMBER, BOX NUMBER		CITY OR TOWN	
PROVINCE	COUNTRY	POSTAL/ZIP CODE	E-MAIL ADDRESS

I CERTIFY THAT ALL OF THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE AND I AUTHORIZE NORTHEAST CHRISTIAN COLLEGE TO VERIFY THIS INFORMATION. I ALSO WAIVE MY RIGHT TO EXAMINE ANY CONFIDENTIAL INFORMATION ABOUT ME PROVIDED BY OTHER PERSONS.

SIGNATURE OF APPLICANT: _____ DATE: _____

CHECK LIST

- ATTACHED RECENT PHOTO HAVE HIGH SCHOOL/COLLEGE/UNIVERSITY FORWARD OFFICIAL TRANSCRIPTS TO NCC
- INCLUDED \$50.00 APPLICATION FEE SIGNED YOUR APPLICATION

** PLEASE NOTE OFFICIAL TRANSCRIPTS SHOWING GRADUATION ARE REQUIRED AND A TELEPHONE INTERVIEW WILL BE COMPLETED BEFORE FINAL ACCEPTANCE.