

North Carolina Theological Seminary
255 Isaac Weeks Road | Clinton, NC 28328 | (910)590-3131
Dr. Varnie N. Fullwood, Founder and President



APPLICATION OF ADMISSION

APPLICANT INFORMATION

Last Name:			First Name:			Middle or Maiden:		
Mailing Address:								
Date of birth:			SSN:			Home Phone: Cell Phone:		
E Mail Address:								
City:			State:			ZIP Code:		

EMPLOYMENT INFORMATION

Current Employer:								
Employer address:						How long?		
Employer Phone Number:				Extension:		Fax Number:		
City:			State:			ZIP Code:		

MINISTRY INFORMATION

Name of Local Church:								
Church Address: City/State						Zip:		
Pastor's Name:						Contact Number:		
Are you a minister? <input type="checkbox"/> Yes <input type="checkbox"/> No Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No Ordained <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other								
If you checked other, please explain:								
To what denomination or organization do you belong or classify yourself?								

List other ministries that you participate with and your function:

REFERENCE

Reference, Relative or Friend:						Relationship:		
Address: City/State/Zip								

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PROGRAM OF DESIRED ENROLLMENT

ASSOCIATE BACHELOR MASTERS (YEAR I) MASTERS (YEAR II) DOCTORATE PH.D
 CONCENTRATION: BIBLICAL STUDIES CHRISTIAN MINISTRY BIBLICAL COUNSELING
 THEOLOGY DIVINITY

****BACHELOR MAY CHOOSE CONCENTRATION IN BIBLICAL STUDIES OR THEOLOGY ONLY
 MASTERS AND DOCTORATE MUST CHOOSE ONE (1) CONCENTRATION
 BIBLICAL COUNSELING ONLY OFFERED IN MASTERS 2ND YEAR, DOCTORAL AND PH. D****

WHAT IS YOUR ETHNIC ORIGIN

CAUCASIAN (NON-HISPANIC) ASIAN PACIFIC ISLANDER HISPANIC BLACK (NON-HISPANIC)
 AMERICAN INDIAN/ALASKAN OTHER (SPECIFY)

CITIZENSHIP

COUNTRY OF BIRTH: _____ ARE YOU AN AMERICAN CITIZEN: YES NO

IF NO, PLEASE ANSWER THE FOLLOWING QUESTIONS

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: _____

EDUCATIONAL INFORMATION

NAME OF HIGH SCHOOL: _____

CITY: _____

COUNTY: _____

STATE: _____

DATE OF GRADUATION: _____

IF YOU DID NOT GRADUATE, HAVE YOU OBTAINED A GED? YES NO WHEN? _____

LIST ALL COLLEGES THAT YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER

NAME OF INSTITUTION: _____

CITY: _____

STATE: _____

DATES ATTENDED: FROM : _____ | TO: _____

DEGREE RECEIVED: _____

HOURS EARNED: _____ | SEMESTER QUARTER

COLLEGES CONTINUED:

NAME OF INSTITUTION: _____

CITY: _____

STATE: _____

DATES ATTENDED: FROM: _____ | TO: _____

DEGREE RECEIVED: _____

HOURS EARNED: _____ | SEMESTER QUARTER

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COLLEGES CONTINUED:

NAME OF INSTITUTION:

CITY:

STATE:

DATES ATTENDED: FROM :

| TO:

DEGREE RECEIVED:

HOURS EARNED:

| SEMESTER QUARTER

YOUR CURRENT STATUS

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 OR OTHER (ATTACH EXPLANATION)

ADDITIONAL INFORMATION:

- \$60.00 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH THIS APPLICATION.
- \$75.00 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH THIS APPLICATION TO APPLY FOR THE DOCTORAL PROGRAM.
- TUITION IS DIVIDED UP INTO MONTHLY PAYMENTS.
- THE TEXTBOOK FEES MUST BE PAID BEFORE RECEIPT OF ANY MATERIAL.
- THE GRADUATION FEES MUST BE PAID EACH YEAR UPON RECEIPT OF THE DEGREE.
- THE BALANCE OF THE TUITION MUST BE PAID PRIOR TO GRADUATION.

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 NORTH CAROLINA THEOLOGICAL SEMINARY AND TO CONDUCT MYSELF IN ACCORDANCE TO THE EXPECTATION OF NCTS 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 THEOLOGICAL SEMINARY AND AGREE TO FOLLOW ITS DOCTRINAL STAND IN ACCORDANCE TO THE WORD OF GOD.

Signature of Applicant:

Date

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Important Notation: All Graduation fees must be paid no later than March 11, 2019. No exceptions.
Adult Cap (one size fit all)

Adult Gown Sizes:

Check here for your correct size	Height of Student	Weight Below	Check here for your correct size	Height of Student	Weight Above
	4'6" - 4'8"	Below 180 LBS		4'6" - 4'8"	Above 180 LBS
	4'9" - 4'11"	Below 180 LBS		4'9" - 4'11"	Above 180 LBS
	5'0" - 5'2"	Below 180 LBS		5'0" - 5'2"	Above 180 LBS
	5'3" - 5'5"	Below 180 LBS		5'3" - 5'5"	Above 180 LBS
	5'6" - 5'8"	Below 270 LBS		5'6" - 5'8"	Above 270 LBS
	5'9" - 5'11"	Below 270 LBS		5'9" - 5'11"	Above 270 LBS
	6'0" - 6'2"	Below 270 LBS		6'0" - 6'2"	Above 270 LBS
	6'3" - 6'5"	Below 330 LBS		6'3" - 6'5"	Above 330 LBS
	6'6" - 6'8"	Below 330 LBS		6'6" - 6'8"	Above 330 LBS
	6'9" - 6'11"	Below 330 LBS		6'9" - 6'11"	Above 330 LBS

It is imperative that you print your name on this form the way you want it printed on your degree no titles. Thank you and may God richly bless you.

Name: _____

President Name: _____

Degree Level: _____

Major: _____