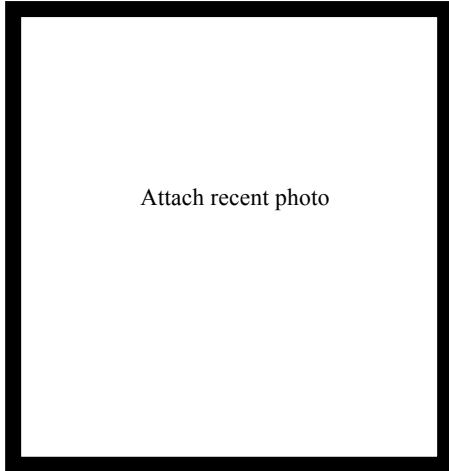


Mississippi Baptist Bible Seminary

APPLICATION FOR ADMISSION



Please complete this application and return it to Registrar's Office of MBBS at P.O. Box 97116, Pearl, Ms. 39228. A brief statement of medical history and present condition of health must accompany this Application.

First Year Applicants: Submit a transcript from the high school from which you received your diploma. Non-high school applicants must submit a transcript of high school credits earned, and/or a copy of a GED Certificate.

Transfer and Graduate School Applicants: Request the Registrar of each institution of higher learning you attended or in which you are registered to send a transcript to the Registrar's Office of Mississippi Baptist Bible Seminary. This is required, whether or not you seek to transfer credit for courses you have taken.

PLEASE PRINT OR TYPE

1. Name: _____
First Middle Initial Last Social Security Number

Permanent Residence Address: _____
Street and Number or Route

City State Zip Phone

2. Date of Birth: _____ Place of Birth: _____
Month Day Year City State

3. Sex: Male _____ Female _____; Marital Status: Single _____ Married _____ Have you ever been divorced? _____

4. Parent or Legal Guardian: _____
Address: _____
Street and Number or Route City State Phone

5. High School Attended: _____
City State Date Graduated

6. Do you plan to attend MBBS under the Veteran's Training Program? Yes _____ No _____

7. Have you attended any College, University or Theological School? Yes _____ No _____ If your answer is Yes, please list all such schools you have attended:

<u>Name of School</u>	<u>Date Attended</u>	<u>Degree Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Have you previously attended MBBS ? : No _____ Yes _____ (When?_
9. Have you ever been suspended from school for any reason? Yes _____ No _____ If your answer is yes, attach detailed explanation of the circumstances.
10. Are you saved? Yes _____ No _____ If your answer is yes, attach a brief written statement relating details of your Christ experience, including: (1) Your religious background; (2) Your salvation experience; (3) Your baptism, what church; (4) Your past experience in Christian service.
11. Present church membership; _____

Church

Address: _____

Street and Number

City

State

Zip

12. Are you a minister: Yes _____ No _____ If your answer is Yes, are you ordained? Yes _____ No _____

If you are not a minister, what is your calling? _____

13. If ordained, name of Church that ordained you: _____

Address: _____

Street and Number

City

State

Zip

14. Do you agree with the Doctrinal Statement listed in the MBBS Academic Catalogue: Yes _____ No _____
If your answer is No, please list on a separate sheet the points of disagreement.

15. Does the Church where you are a member fellowship with the churches of the American Baptist Association?
Yes _____ No _____.

16. Pastor of the Church where you are now a member: _____

Name

Address: _____

Street and Number

City

State

Zip

17. References (Two Personal):

Name

Address

18. When do you plan to enter MBBS? Fall Semester, 20____; Spring Semester, 20____.

19. Why do you wish to be admitted as a student in Gulf Coast Baptist Institute? _____

AGREEMENT: I understand that admission to Mississippi Baptist Bible Seminary is a privilege, not a right. If admitted, I will strive to be exemplary in my attitude, behavior, and studies. I furthermore agree to abide by the regulations of the School. In the event I shall withdraw from the School, I will submit in writing to the President or the Dean, my reasons for withdrawal.

Signed: _____ Date: _____