

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



APPLICATION OF ADMISSION

Rev. 2021

APPLICANT INFORMATION

Last Name: First Name: M.I.

Mailing Address:

City State: Zip:

Date of Birth: SSN:

Home Phone: Cell Phone:

Email address:

EMPLOYMENT INFORMATION

Current Employer: How long?

Employer Address:

Employer City, State, Zip:

Employer Phone Number: Employer Fax:

MINISTRY INFORMATION

Name of Local Church:

Church Address:

Church City, State, Zip:

Pastor's Name: Pastor's Contact No:

Are you a minister? Yes No **Licensed** Yes No **Ordained** Yes No **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/Friend: Relationship:

Address:

City/State/Zip:

Please list 2 people who may be interested in attending North Carolina Theological Seminary

Name: Phone:

Email:

Name: Phone:

Email:

PROGRAM OF DESIRED ENROLLMENT

ASSOCIATE BACHELOR YEAR 1 MASTERS YEAR 2 MASTERS DOCTORATE PHD

Concentration: Biblical Studies Christian Ministry Biblical Counseling
 Theology Divinity

All degree concentrations must be declared on the application. There will be additional fees and courses for changing degrees after the submission.

Bachelor students may choose Biblical studies or Theology ONLY

Masters and Doctorate must choose one concentration.

Biblical Counseling is only offered for Masters 2nd year, Doctoral, and PhD

ETHNIC ORIGIN

Caucasian (Non-Hispanic) Asian Pacific Islander Hispanic Black (Non-Hispanic)
 American Indian/Alaskan Other (please specify) [Click or tap here to enter text.](#)

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 # enter number

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?

WHEN:

LIST ALL COLLEGES THAT YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER

NAME OF INSTITUTION:

CITY:

COUNTY:

STATE:

DATES ATTENDED FROM:

TO

DEGREE RECEIVED:

HOURS EARNED:

COLLEGES CONTINUED

NAME OF INSTITUTION:

CITY:

COUNTY:

STATE:

DATES ATTENDED FROM:

TO

DEGREE RECEIVED:

HOURS EARNED:

COLLEGES CONTINUED

NAME OF INSTITUTION:

CITY:

COUNTY:

STATE:

DATES ATTENDED FROM:

TO

DEGREE RECEIVED:

HOURS EARNED:

CURRENT STATUS

ARE YOU CURRENTLY ENROLLED IN THE LAST INSTITUTION ATTENDED:

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:

- \$100 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH THIS APPLICATION
- \$125 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH THIS APPLICATION TO APPLY FOR THE DOCTORAL PROGRAM
- TUITION IS DIVIDED INTO MONTHLY PAYMENTS IF NOT PAID IN FULL
- THE TEXTBOOK FEES MUST BE PAID BEFORE RECEIPT OF ANY MATERIAL
- THE GRADUATION FEES MUST BE PAID EACH YEAR (**March 15**) BEFORE 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 with 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 with the Word of God.

Signature of Applicant:	Date:
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GOWN SIZE

PLEASE CHOOSE AN OPTION IN BOTH HEIGHT AND WEIGHT!!!

Height: _____ **Weight:** _____

It is imperative that you print your name on this form the way you want it printed on your degree (no titles). There is a reprinting fee of \$25.00 per certificate. Thank you and may God richly bless you.

Name:

Campus:

President Name:

Degree Level:

Major: