



# JERRY F. HUTCHINS MINISTRIES

## COURSE APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY

SEMESTER ENTERING <b>WINTER</b> <b>SPRING</b> <b>SUMMER</b> <b>FALL</b>		SOCIAL SECURITY NUMBER <b>N/A</b> ____/____/____	LEGAL NAME: LAST/FAMILY	FIRST/GIVEN	FULL MIDDLE	ANY OTHER NAMES USED ON TRANSCRIPTS, ETC.
CURRENT MAILING ADDRESS NUMBER STREET			CITY OR PROVINCE	STATE OR COUNTRY	ZIP/POSTAL CODE	PHONE (home)
PERMANENT MAILING ADDRESS NUMBER STREET			CITY OR PROVINCE	STATE OR COUNTRY	ZIP/POSTAL CODE	(cell)
						(work)
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTHDATE month/day/year __/__/__	BIRTHPLACE (state or foreign country)	CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> OTHER _____ (specify country)		NON-US CITIZEN—VISA TYPE (attach copy of green card, if any) <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> Permanent Resident—DATE REC _____ <input type="checkbox"/> OTHER (specify) _____	
RACE (circle one) White Latino Asian Other	African-American Hispanic Nonwhite			E-MAIL ADDRESS		
NAME OF HIGH SCHOOL GRADUATED/WILL GRADUATE FROM			CITY	STATE/COUNTRY	MONTH/YEAR GRADUATED/WILL GRADUATE ____/____	

**LIST EVERY COLLEGE, UNIVERSITY, BUSINESS AND POST-SECONDARY SCHOOL ATTENDED**

NAME OF INSTITUTION (Do not use abbreviations) LIST MOST RECENT FIRST	CITY/STATE OR CITY/COUNTRY	ATTENDED/ ATTENDING		MAJOR	NAME OF DEGREE, DIPLOMA, OR CERTIFICATE	MONTH/YEAR EXPECTED OR RECEIVED
		FROM MONTH/YR	THROUGH MONTH/YR			
						____/____
						____/____
						____/____
						____/____
						____/____

**COMPLETE THIS SECTION IF YOU ARE CURRENTLY ENROLLED IN A COLLEGE OR UNIVERSITY (attach additional sheet if necessary)**

NAME OF COLLEGE OR UNIVERSITY CURRENTLY ATTENDING	LOCATION (CITY/STATE)	TERM/YEAR CURRENTLY ENROLLED IN	
COURSES CURRENTLY ENROLLED IN COURSE TITLE <i>Example: World Civilization I</i>	DEPARTMENT <i>History</i>	COURSE NO. <i>151</i>	CREDIT HOURS <i>3 sem hrs</i>

**IF YOU HAVE PREVIOUSLY APPLIED FOR ADMISSION TO A BIBLE COLLEGE/UNIVERSITY, INDICATE THE SEMESTER, YEAR, AND DECISION TAKEN.**

CAMPUS APPLIED TO \_\_\_\_\_ SEMESTER/YEAR \_\_\_\_\_  ACCEPTED  NOT ACCEPTED

DO YOU PLAN TO ATTEND:  
 DAY CLASSES  EVENING CLASSES  BOTH

**LIST THE COURSE YOU WISH TO TAKE**

COURSE	INSTRUCTOR	MEETING TIMES
1. _____	_____	_____
2. _____	_____	_____

**APPLICANT'S CERTIFICATION**

I certify that the responses provided on the Course Application Form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

ID _____	TUITION STATUS	FEE PAYMENT Rec'd _____ # _____ By _____
-------------	----------------	---