

1 Application for West Coast Online Admission

Please fill out as carefully and completely as possible. Please print.

Please select a program: Masters in Bible Masters in Education One-Year Bible Certificate

Today's Date: _____

Personal Information

Legal Name: ^{Mr.} _____ Male Female
^{Mrs.} _____
^{Miss} _____ Last Name First Name Middle

Preferred Name: _____ Social Security Number: _____ - _____ - _____ Birth Date: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile Phone: (____) _____ E-mail: _____

Are you a U.S. Citizen: Yes No If not, list citizenship: _____

Race/Nationality: _____

Have you previously attended WCBC? _____ If so, what year? _____

Marital Status: Single Married Engaged Divorced Separated Widowed Remarried

Have you ever been divorced? Yes No

Academic Information

Complete name of high school: _____ Phone Number: (____) _____

Address: _____
Number and Street City State Zip

Type of School: Public Private Christian Home School Class Rank: _____ out of _____ Estimated GPA _____

Date of anticipated (or past) graduation: (Month/Year) _____ Or GED: (Month/Year) _____

List all schools you have attended since high school: (Please have all transcripts sent to WCBC.) _____

Yes No

Do you have a degree from any college or university?

Yes No

Do you plan to complete your college training at WCBC?

Yes No

Have you ever been dismissed from any other college or university?

Yes No

Do you have any indebtedness to any other college or university?

Military Information

Have you served in the Armed Forces? Yes No Branch of Service: _____

Date of Enlistment: _____ Type of Discharge: _____

If not honorable, please explain: _____



