

Saint Thomas Christian College & Seminary
Jacksonville, FL

APPLICATION FOR ENROLLMENT 2009-2010

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status: _____ Date of Birth: _____ Sex: _____

Home: _____ Phone: _____ E-Mail: _____

Daytime Phone: _____ Fax: () _____

Do you have credentials for ministry? Licensed Minister Ordained Minister

If yes, what Church do you hold credentials with?

Information on Previous Education

List all schools attended (including High School and credits and/or degrees)

Institution	Location	Years Attended	Degree Earned

Please have copies of High School Diplomas, or G.E.D. or official transcripts for all colleges attended sent to the STCC Registrar.

<p>For Office Use Only</p> <p>Date Received: _</p> <p>Status:</p> <p>Student Number</p> <p>Assigned Advisor:</p> <p>Date Processed: _____</p> <p>Date Graduated _ GPA:</p>	<p style="text-align: right;">School ID _____</p> <p>___Y N___ Registration Fee Paid</p> <p>___Y N___ Assessment Fee Paid</p> <p>Admittance Status ___ Accepted ___ Declined ___ Pending</p>
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Program Selection

(Please Check One)

Undergraduate

<input type="checkbox"/>	Associate of Biblical Studies
<input type="checkbox"/>	Bachelor of Biblical Studies
<input type="checkbox"/>	Bachelor of Pastoral Ministry
<input type="checkbox"/>	Bachelor of Religious Education
<input type="checkbox"/>	Bachelor of Christian Counseling

Masters

<input type="checkbox"/>	Masters of Biblical Studies	<input type="checkbox"/>	Master of Divinity Chaplainry
<input type="checkbox"/>	Masters of Pastoral Ministry	<input type="checkbox"/>	Master of Religion
<input type="checkbox"/>	Masters of Christian Counseling	<input type="checkbox"/>	Master of Religious
<input type="checkbox"/>	Masters of Pastoral Counseling	<input type="checkbox"/>	Master of Divinity
<input type="checkbox"/>	Masters Christian Marriage & Family Counseling	<input type="checkbox"/>	Master of Theology

Doctoral

<input type="checkbox"/>	Doctor of Religious Education	<input type="checkbox"/>	Doctor of Ministry
<input type="checkbox"/>	Doctor of Philosophy in Christian Thought	<input type="checkbox"/>	Doctor of Theology
<input type="checkbox"/>	Doctor of Philosophy in Christian Counseling	<input type="checkbox"/>	
<input type="checkbox"/>	Doctor of Philosophy in Pastoral Counseling	<input type="checkbox"/>	
<input type="checkbox"/>	Doctor of Philosophy in Christian Marriage and Family Counseling	<input type="checkbox"/>	

- If you are applying for admittance into an undergraduate program please attach a photocopy of your High School Diploma or G.E.D. or High School Transcript.
- If you are applying for admittance into a graduate or doctoral program please have official transcript(s) sent directly to:

Saint Thomas Christian College
Office of the Registrar
570 Ellis Road South
Jacksonville, FL 32254

APPLICATION FEE SCHEDULE

(Please note that no applications will be processed without the appropriate fees)

Application Fee \$100.00

Assessment Fee \$ 45.00

*(Assessment will be processed only after student has been accepted into a degree program.
Please see site director or catalog for instructions on how to obtain credit for Ministry
Life Experience (MLE)*

_____ I have enclosed a check or money order for the total made payable to: STCC

_____ Application Fee

_____ Assessment Fee

Total Check Amount: \$ _____

Please charge my _____ MasterCard or _____ VISA

_____ Application Fee

_____ Assessment Fee

Total Credit Card Amount: \$ _____

Card Number: _____

Expiration Date: _____

Authorizing Signature: _____

(Your signature authorizes STCC to charge your credit card for the amount listed above.)

CVV2 Number: _____ (3 digit number on back of card)

STCC Student Covenant

I certify that the information presented on this application is true and accurate to the best of my ability. Furthermore, I am in agreement with the STCC Statement of Faith and I agree to abide by the policies of the School as outlined in the STCC catalog. I also agree to lift the School, its professors, staff and students up before the Lord in prayer daily.

Signature

Date

Student Application Checklist

- _____ Personal information section complete
- _____ Previous education section complete
- _____ Copy of High School Diploma or G.E.D. if applying for an undergraduate program
- _____ Ordered official transcripts if you are applying for a graduate or doctoral program
(Please have them sent to: Saint Thomas Christian College
570 Ellis Road South
Jacksonville, FL 32254
Attn: Registrars Office)
- _____ Application Fee enclosed
- _____ Complete Program Selection section
- _____ Assessment Fee enclosed if applicable
- _____ Application signed
- _____ Keep copy of application for your own personal record

Site Directors Application Checklist

- _____ Personal information section complete
- _____ Previous education section complete
- _____ Copy of High School Diploma or G.E.D. if applying for an undergraduate program
- _____ Graduate/Doctoral students (Official transcripts must be ordered from previous institutions)
(Please have them sent to: Saint Thomas Christian College
570 Ellis Road South
Jacksonville, FL 32254
Attn: Registrars Office)
- _____ Application Fee should be attached to individual applications
- _____ Program Selection section complete
- _____ Assessment Fee enclosed if applicable – attach them to individual applications
- _____ Student has signed and dated application
- _____ Send original copy of application to main campus and keep copy for your own records