

Eastern Carolina Christian College & Seminary

Enrollment Application

Check Program: ___Certificate ___Associates ___Bachelors ___M.Div. ___D.Min.

Name: _____ Date: _____

Address: _____

Home Number: _____ Mobile Number: _____

Date of Birth _____ Marital Status: _____ U.S. Citizen: _____

In case of emergency, whom shall we call? _____ Relationship _____ Ph. _____

Disabilities: _____

High School, dates attended and location : _____

University, Community College and/or Trade School with locations and dates attended:

How long have you been a Christian? _____ Occupation: _____

How did you hear about Eastern Carolina Christian College: ___Ad ___Magazine ___Radio ___Pulpit Help

Attached is a recommendation _____ Advanced Standing Status _____

Tell us about yourself, your qualifications, experiences, ideas, and aspirations.

What have you done to prepare yourself for the degree you are seeking?

Describe your interest, hobbies, and any work experience.

Signatures: Academic Advisor: _____ Student: _____