

GETHSEMANE BIBLE INSTITUTE ADMISSION FORM

Date: ___/___/20___ Enrollment: ___ Campus, GBI ___ Correspondence

Program: (check one) Associate of Biblical Studies Bachelor of Theology Master of Theology

PERSONAL INFORMATION: (PLEASE PRINT)

Name: _____
(First) (MI) (Last)

Mailing Address: _____

(City) (State) (Zip)

E-mail: _____

Telephone: _____ Cell Phone: _____

Highest Degree of Educational Background: _____

Date of Birth: ___/___/___ Social Security Number: ____ - ____ - ____

Marital Status: ___ Married ___ Divorced ___ Single If married, Spouse's name: _____

Emergency Contact Name & Number: _____

SPIRITUAL INFORMATION:

Date of Salvation: ___/___/___

Name of Church you are a member of: _____

Pastor's Name: _____ Telephone: _____

Briefly give your salvation testimony on the back of this paper.

STATEMENT OF INTENT:

In signing this application for admission to Gethsemane Bible Institute I certify my willingness to cooperate with the purpose and standards of GBI, abide by all policies of the institute, subscribe to its doctrines, and cooperate fully in the advancing of the cause of Christ the testimony of GBI. I understand that failing to cooperate with the policies of GBI can result in the cancellation of admission and/or dismissal from GBI.

Student's Signature: _____ Date: _____