

BERKELEY CHRISTIAN COLLEGE & SEMINARY

320 13th Street, Suite 205, Oakland, CA 94612 * Tel (510) 834-1008 * Fax (510) 839-7234 * Email: bccasorg@gmail.com

APPLICATION FOR ADMISSION

(Please complete the application form in English)

Name: (as it appears on your government ID)

Last _____ First _____

US Address: (P.O. Boxes not allowed) _____

Date of Birth: ____ / ____ / ____ **Gender:** Male () Female ()

Marital Status:

Single () Married () Widowed () Divorced () Separated ()

Tel Number: ____ - ____ - ____ (H) ____ - ____ - ____ (C) ____ - ____ - ____ (W)

Email: _____

Social Security Number: _____

Driver's License Number: _____

Citizenship:

U.S. Citizen () skip to page 2 U.S. Permanent Resident () skip to page 2

International Student () complete the information below:

Foreign Address: _____

Passport Number: _____

F1 Visa Status: In -Status () Out of Status ()

- We will not accept foreign students whose F1 Visas are out of status. If you need to be reinstated, please contact your previous educational institution.
- We do not issue initial I-20s while you are in the pending process of receiving another type of Visa.

TOEFL Score:

Minimum 550 Required for PBT _____ OR Minimum 90 Required for iBT _____

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Medical Information:

Condition of Health: Excellent () Fair () Poor ()

Do you have medical insurance? Yes () No ()

If yes, what is the name of your insurance provider? _____

Medical ID: _____

In case of emergency, who may we contact?

Name _____ Relationship to Student _____

Phone Number _____ - _____ - _____ Email address _____

Term and Year applying for:

Spring (20 _____)

Fall (20 _____)

Summer (20 _____)

Which Program are you applying for?

Bachelor of Theology ()

- Open to International Students

Master of Divinity ()

- NOT OPEN to International Students

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High Schools Attended:

High School Name and Location: _____

Did you receive a diploma? Yes () No ()

If yes, when did you receive the diploma? ____ / ____ / ____

If no, what was your GED Test Score? _____

High School Name and Location: _____

Did you receive a diploma? Yes () No ()

If yes, when did you receive the diploma? ____ / ____ / ____

If no, what was your GED Test Score? _____

Colleges/Universities Attended:

Name and Location: _____

Did you receive a degree? Yes () No ()

If yes, when did you receive the degree? ____ / ____ / ____

Program of Study (Major) _____

Name and Location: _____

Did you receive a degree? Yes () No ()

If yes, when did you receive the degree? ____ / ____ / ____

Program of Study (Major) _____

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Church Membership Status:

Ordained Minister () Elder () Missionary () Encourager ()
Deacon () Ordained Deacon () Intern pastor () Pastor's wife ()
Laity () Other ()

Christian Experience:

Do you have experience of **NEW BIRTH**? Yes () No ()

If yes, please explain: _____

Are you baptized?

Yes () No ()

If yes, when? ____ / ____ / ____ Where? _____

What church do you presently attend? _____

Were you referred to BCCAS by another student? If so, who?

Why do you want to study at Berkeley Christian College?

Student's Signature: _____

Date: ____ / ____ / ____