APPLICATION FOR ADMISSION

MOUTAINEER BAPTIST COLLEGE/SEMINARY

Last Name	First Name	M.I.	Date	
Street Address	City	State	ZIP	
Home Phone		Business	Business Phone	
Date of Birth		Total Years	Total Years in Ministry	
Name of High School		Grad	Graduation Year	
High School Location	on (City and State)			
ascertain the numb	er of transfer credi ereby determine the	aluate all submitted ts from your acader academic level of yo	mic and ministe	
() Associate's () Bachelor's Please send all tran List all colleges, uni Degree Name of	() Master's () Doctorate scripts to the registr versities, and semin School City, State	aries attended:		
Church address: _				
Denomination:	A LANCE BUILD TO SERVICE STATE OF THE SERVICE STATE	Pastor:	= 2 	
Applicant's Signatu	re		-	

A recent photo must be included. Please write your name on the back for identification. Reference forms will be forward when completed application is received.