



# West Georgia Baptist College

6456 The King's Way, Douglasville, GA 30135 (770) 949-0812

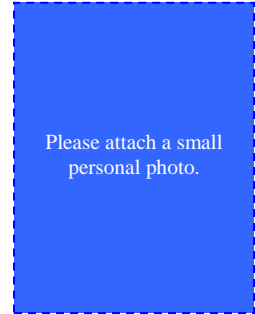
## APPLICATION FOR ADMISSION

Undergraduate Programs

### PERSONAL INFORMATION

Student Name:  Mr.  Mrs.  Miss \_\_\_\_\_  
Last First Initial

\_\_\_\_\_  
Name or nickname usually called (Choose one)  Male  Female



Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Current Marital Status:  Never Married  Married  Widow(er)  Separated\*  Divorced\*

\* Send a letter of explanation with this application.

Citizenship:  United States  Canada  Other

If you are not a U. S. citizen, do you have a student visa?  Yes  No

### EDUCATIONAL INFORMATION

High school attending or graduated from \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

If you did not graduate from high school, have you completed and passed a GED test?  Yes  No

Give the name and location of colleges or Bible institutes you are now attending or have attended:  
*If you have attended more than two schools, submit additional school information on a separate sheet.*

College: \_\_\_\_\_ Dates attended \_\_\_\_\_

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Have you ever been denied enrollment, suspended, or dismissed from any school?  Yes  No  
*If yes, please explain why on a separate sheet.*

*You must have an official copy of your transcript on file in the Admission Office before credits can be evaluated for possible transfer. A transcript request form is included with this application.*

## CHURCH INFORMATION

Do you attend church regularly?: Yes No

Name of church: \_\_\_\_\_

Church's address: \_\_\_\_\_

Church's phone number: \_\_\_\_\_

Senior pastor's name: \_\_\_\_\_

*On a separate sheet of paper, briefly tell us a little about yourself. Be sure to include your salvation testimony, as well as your personal or professional goals.*

Circle the appropriate response:

- Yes No Do you have a physical limitation or a known learning disability?  
Yes No Have you ever been treated or are you currently being treated for any nervous, mental, or emotional disorders?  
Yes No Have you ever used any illegal, injectible, or recreational drugs?  
Yes No Have you ever consumed any kind of alcoholic beverages on a regular basis?  
Yes No Have you ever used or do you currently use tobacco in any form?  
Yes No Have you ever had or do you currently have a police record?  
Yes No Are you now, or have you ever been under the supervision of a parole officer or court?

*If any of the above questions are answered with yes, you must give complete details on a separate sheet of paper.*

*I certify that the information given on this application and all related application forms is complete and accurate. I understand that knowingly providing false information or failure to provide true information may result in dismissal from the college. I also understand that I am financially responsible for the payment of this account.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Please include the \$15 application fee, and mail or fax this form to:**

Admissions Office  
West Georgia Baptist College  
6456 The King's Way  
Douglasville, GA 30135  
(770) 949-1045 FAX