



STUDENT APPLICATION

**Every Student MUST COMPLETE this form.
Incomplete forms will not be accepted.**

3710 34th Street • Lubbock, Texas 79410 • (806) 788-3281 or (800) 687-2121

(PLEASE PRINT OR TYPE) Read regulations before completing application.

Applicant's Name _____	Date: _____	Age _____	Date of Birth _____
Physical Address _____	City _____	State _____	Zip _____
Mailing Address _____	City _____	State _____	Zip _____
Email _____	Phone (____) _____		

Spouse _____ Ages of Children _____

Marital Status: Single _____ Married _____ Divorced _____ Remarried _____ Widowed _____

Nearest relative not living with you, include address _____ Phone (____) _____

Educational Background: High School _____ Some College _____ College Graduate _____

When were you baptized? _____ Where and By Whom? _____

What church do you CURRENTLY attend _____

Address _____ City _____ State _____ Zip _____

Minister _____ Phone (____) _____

List two (2) Christians who would recommend you. (Must include phone number)

1. _____ Phone (____) _____

2. _____ Phone (____) _____

☞ Mark the appropriate level of study

All Students must complete the following information.

<p>_____ Bachelor of Biblical Studies (40 Course Curriculum) (120 hrs – \$30.00 per credit hour – \$90.00 per course)</p> <p>_____ Certificate of Biblical Studies (40 Course Curriculum) (120 hrs – \$15.00 per credit hour – \$45.00 per course)</p> <p>_____ Audit students with no certificates – No cost.</p>	<p>_____ Satellite School</p> <p>_____ Individual Study Test Administrator required</p>
---	---

One Time Application Fee (credit students only) = \$25.00 (Non-refundable) Graduation Fee = \$50.00

Attending Satellite School _____ State _____

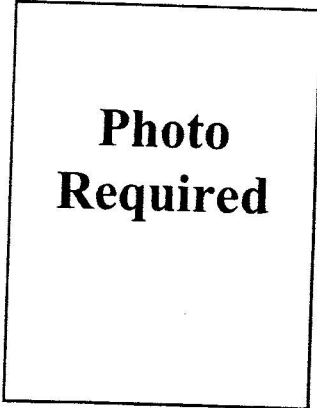
School Administrator _____ Phone (____) _____

* Transfer of credits from other institutions will be evaluated on an individual basis. No courses will be considered with a grade average less than a "B."
* A portfolio of life and ministry experiences will be considered. (This will be negotiable with the SIBI administration)

To complete this application it must be signed on the other side.

Continued on reverse side. .

Would you be interested in attending the resident school now or in the future? _____



If I am admitted to Sunset International Bible Institute External Studies program, I will do my best to maintain the highest moral, spiritual, and academic standards possible, and will complete to the best of my ability all work assigned. I will approach the studies seriously and prayerfully.

(Applicant's Signature REQUIRED) Date: _____

TEST ADMINISTRATOR AGREEMENT

(Not applicable for Satellite School Students)

It is agreed that I will administer the tests of the Sunset International Bible Institute to _____ (student) according to the following stipulations:

1. The **time and place** of administering the tests will be at the Test Administrator's convenience.
2. The **cost of mailing the completed tests** back to Sunset will be paid by the student.
3. I will guard the test sheets carefully so as not to allow unauthorized exposure to the student and others.
4. I will not allow the test sheets to be reproduced in any manner without permission from Sunset.
5. Before giving the test, I will **assure myself that the student has satisfactorily written his memory verses and completed the assignments** in the Study Guide Book.
6. The test is to be administered simply by my giving the student the correct test sheet(s) and his answering the questions in my presence. **I will not leave the student alone while the test or question sheets are in his possession nor will I assist him in any way to arrive at an answer.**
7. Upon completion of answering the test questions, I will take back completed test sheets and any assigned reports or research papers and mail them to *Sunset International Bible Institute External Studies*, 3710 34th Street, Lubbock, Texas 79410.
8. I will be sure that the student fills out the information at the top of the test sheet and I will sign on the proper line affirming that the test has been properly administered.
9. Any tests received at Sunset not properly completed or signed by the Test Administrator will not be graded or recorded.

Having read the above rules, I agree to serve the above named person(s) in the capacity of Test Administrator.

(Please type or print clearly)

Print Name _____ Relation to student _____
 Address _____
 City/State/Zip _____
 E-mail _____ Phone (____) _____
 Signed _____ Date _____