

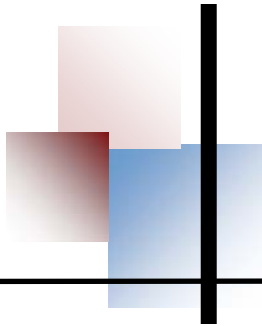
APPLICATION FOR UNDERGRADUATE STUDIES



PLEASE COMPLETE AND RETURN TO:

OFFICE OF ADMISSIONS
INDIANA BAPTIST COLLEGE
1301 W. COUNTY LINE ROAD
GREENWOOD, IN 46142

(317) 882-2327-PHONE
(317) 885-2960-FAX
www.indianabaptistcollege.com



APPLICATION FOR ADMISSION

UNDERGRADUATE

INDIANA BAPTIST COLLEGE

1301 W. County Line Road, Greenwood, IN 46142
New Student Admissions Information: 317-882-2345
Website: www.indianabaptistcollege.com

Please attach small photo of yourself here.

Please print or type all information.

Mr. _____
Name: Mrs. _____
Ms. Last First Middle Maiden

Male
 Female

Address: _____ City: _____ State: _____ ZIP: _____

E-mail Address: _____ DOB: ___/___/___ Social Security No. _____

Telephone no. (____) _____ Citizenship: USA Canada Other _____

Current marital status (check all that apply): Married- Spouse's full name _____

Single Widow or Widower Divorced Separated

Do you regularly attend church? Yes No Denomination: _____

Name of Church: _____ Pastor's Name: _____ Phone: _____

Education:

Anticipated or past graduation date from high school: ___/___/___

Name of high school: _____ Address: _____
City: _____ State _____ Zip: _____

Have you already obtained a degree from another college? _____ If yes:
College: _____ Degree: _____ Major: _____ Dates Attended: _____

Have you ever been dismissed or placed on academic or disciplinary probation? _____ If yes, Explain:

Entrance Date: _____ Fall _____ Spring _____ Year _____ Degree pursued: _____
Expected Classification: Freshman Sophomore Junior Senior Full-time _____ Part-time _____

----- Office Use Only -----

Date rec'd _____	College Transcript _____	Application Complete Date _____
App. Fee _____	High School Transcript _____	Medical Form _____
Testimony _____	Insurance Form _____	Reference #1 ___ #2 ___ #3 ___
Objtv. Sheet _____	Photo _____	
ACT Scores _____	SAT Scores _____	

Transcripts:

Please be sure to request an official transcript from your high school and any colleges you have previously attended.

ACT/SAT Scores:

Please request an official copy of either the ACT or the SAT test scores to be sent to the Director of Admissions. This must be done prior to the student’s actual enrollment unless special permission has been received from the Director of Admissions to meet this requirement after enrollment.

Personal Objective:

On a separate sheet, please state your educational objectives and personal testimony.

Reference Forms:

You will find in this application packet three references to be filled out: a general, pastoral and academic recommendation. Give these to required parties and have them forward the reference form to our admissions office by mail or fax. References should not be given to relatives.

How do you plan to meet college expenses? _____

Statement of Intent:

I hereby make application to Indiana Baptist College and enclose a \$25 application fee with the understanding that the fee will be retained to cover the cost of processing my application. I here verify that this application is true and complete with no omission in any area. I also understand that any untrue statement will subject me to immediate dismissal from Indiana Baptist College. Upon matriculation I agree to comply with the doctrines, rules, and regulations of the Institution and to maintain standards of conduct in accordance with the aims and objectives of Indiana Baptist College.

Signature: _____ Date: _____

The parent or guardian of the student making application must sign in the space below unless the applicant is over twenty-one years of age.

As a parent or guardian of above applicant, I agree to cooperate with Indiana Baptist College in the enforcement of the rules and regulations of this Institution.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

If you wish to pay your \$25 Application fee with your credit card, please complete the following. Payment is required to process your application.

Name on Card _____ Credit Card # _____

Type of Card: Visa MasterCard Discover Expiration Date: ____/____/____

Cardholder’s P.O. Box, Route, or House Number _____ Cardholder’s Zip Code _____

Cardholder’s Signature _____

Important:

It is understood that attendance at IBC is a privilege and not a right, which privilege may be forfeited by any student who does not conform to the standards and regulations of the institution, and that the college may request the withdraw of any student at any time, who, in the opinion of the college does not fit into the spirit of the institution, regardless of whether or not he conforms to the specific rules and regulations of the college.

Mail the completed application and the application fee to the Admissions Department, Indiana Baptist College, 1301 W. County Line Road, Greenwood, IN 46142. Those sending application by fax must fill in the above credit card information before transmitting BOTH SIDES of the completed application to 317-885-2960.

Indiana Baptist College *Academic Reference*

(To be completed by undergraduate students only)

Please complete the first section of this form; then give it to your principal or college registrar. This form should not be given to a relative. If you are home schooled, please give to an adult who knows you well. This form is required before final acceptance can be granted.

To Be Completed by Student:

I am authorizing the release of the following information to be considered in my application for admission to IBC and understand that the information will be held in confidence by the college and will not be released to me or anyone else. I understand that this questionnaire will be sent to IBC by the person completing the information below.

Signature of Student _____

Student's Name (please print) _____

Address _____

City _____ State _____ ZIP _____

To Be Completed by the Person Recommending the student above:

Thank you for your help in answering the following questions. All information provided will be held strictly confidential by Indiana Baptist College and will not be made available to the applicant. Please answer all questions frankly.

1. What relationship do you have with this person?

2. Do you know of any reason would not be suitable to attend Indiana Baptist College? _____
If yes, please explain why?

3. To what extent do you consider the applicant to be a dedicated Christian?

4. What are the applicant's strong points or special abilities?

5. Is this person trustworthy?

6. Does this person have any doctrinal views which are extreme? _____ If yes, please comment.

7. Would you want your children to be in close association with this person?

8. Is there any additional information that you would like to share?

I recommend this person I do not recommend this person

I recommend with this reservation....

Mail completed form to: Director of Admissions
Indiana Baptist College
1301 W. County Line Road
Greenwood, IN 46142

This person's application cannot be further processed until we hear from you.

Signature of person filling out form _____

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date _____

Indiana Baptist College Pastoral Reference

(To be completed by undergraduate students only)

Please complete the first section of this form; then give it to your pastor. This form should not be given to relatives. This form is required before final acceptance can be granted.

To Be Completed by Student:

I am authorizing the release of the following information to be considered in my application for admission to Indiana Baptist College and understand that the information will be held in confidence by the college and will not be released to me or anyone else. I understand that this questionnaire will be mailed to IBC by the person completing the information below.

Signature of Student _____

Student's Printed Name _____

Student's Address _____

City _____ State _____ Zip _____

To Be Completed by the Person Recommending Student:

Thank you for your help in answering the following questions. This form is for the confidential use of the Indiana Baptist College Admissions Dept. for evaluating admission and will not be made available to the applicant. Please answer all questions frankly.

1. What relationship do you have with this person?

2. Do you know of any reasons why this person would not be suitable to attend Indiana Baptist College? _____ If yes, please explain why?

3. To what extent do you consider the applicant to be a dedicated Christian?

4. What are the applicant's strong points or special abilities?

5. Is this person trustworthy?

6. Does this person have any doctrinal views which are extreme?_____ If yes, please comment

7. Would you want your children in be in close association with this person?

8. Is there any additional information that you would like to share?

I recommend this person I do not recommend this person

I recommend with this reservation

Please mail completed form to: Director of Admissions
Indiana Baptist College
1301 W. County Line Road
Greenwood, IN 46142

This person's application cannot be further processed until we hear from you.

Signature of person filling out form_____

Name (please print) _____

Address_____

City _____ State _____ ZIP _____

Phone Number _____ Date _____

Indiana Baptist College General Reference

(To be completed by undergraduate students only)

Please complete the first section of this form; then give it to an adult who knows you well. This form should not be given to a relative. This form is required before final acceptance can be granted.

To Be Completed by Student:

I am authorizing the release of the following information to be considered in my application for admission to IBC and understand that the information will be held in confidence by the college and will not be released to anyone else. I understand that this questionnaire will be mailed to IBC by the person completing the information below.

Signature of Student _____

Student's Printed Name _____

Student's Address _____

City _____ State _____ Zip _____

To Be Completed by the Person Recommending Student:

Thank you for your help in answering the following questions. This information is for the confidential use of Indiana Baptist College Admissions Dept. for evaluating admission and will not be made available to the applicant . Please answer all questions frankly.

1. What relationship do you have to the applicant?

2. Do you know of any reason this person would not be suitable to attend Indiana Baptist College?
_____ If yes, please explain why?

3. To what extent do you consider the applicant to be a dedicated Christian?

4. What are the applicant's strong points or special abilities?

5. Is this person trustworthy?

6. Does this person have any doctrinal views which are extreme? _____ If yes, please comment.

7. Would you want our children to be in close association with this person?

8. Is there any additional information that you would like to share?

I recommend this person I do not recommend this person

I recommend with this reservation

Mail completed form to: Director of Admissions
Indiana Baptist College
1301 W. County Line Road
Greenwood, IN 46142

This person's application cannot be further processed until we hear from you.

Signature of person filling out form _____

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date _____

***Indiana Baptist College
General Fitness Form
To Be Completed By Physician***

Mr.
Student's Name : Miss _____
Mrs. Last First Middle

DOB: ____/____/____ Age: _____ Sex: _____ Race: _____

Examination Date: ____/____/____

Height: _____ Weight: _____ Blood pressure: _____ Pulse: _____

Respirations: _____ Temperature: _____

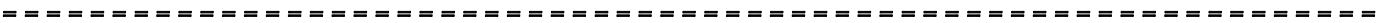
Heart: _____

Lungs: _____

Abdomen: _____

Extremities: _____

Reflexes: _____



Please list any limitations: _____

Please list any pre-existing conditions: _____

Physician's Signature: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Indiana Baptist College Medical History Form

Mr. _____
Name: Miss _____ Age: _____ Sex: _____ Race: _____
Mrs. Last First Middle

Marital Status: _____
(Single, Married, Widowed, Divorced)

Medical History

Check those that apply:

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Frequent Tonsillitis | <input type="checkbox"/> Frequent Sinus Problems |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Frequent Fainting | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Allergies (please list below) | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Chronic Fatigue |

Family History

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mental Disease | <input type="checkbox"/> High Blood Pressure |
| | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Low Blood Pressure |

Please list any allergies: _____

History of injuries: if any, please give short account: _____
_____ If none, indicate _____

History of Operations: if any, when? & what? _____
_____ If none, indicate _____

Indiana Baptist College
Personal, Family, or Group Hospital and Surgical Insurance Information

Registrar:

I have current hospital and surgical insurance which will be or is now paid for or valid through the school year (to September) Yes _____ NO _____

The following is information regarding my policy:

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Number or group number: _____ ID Number: _____

Group Plan: _____ , Family Plan: _____ , Individual Policy: _____ (check one)

Name and address of person on whom policy is written:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

(Single Students only complete next two lines):

Student's age at which this policy is no longer effective: _____

Student's Age now: _____ Student's Birthday: _____

Student's Name: _____

Student's Present Address: _____

City: _____ State: _____ Zip: _____

Student's Signature: _____

Please submit this form to:

Indiana Baptist College
Admissions Department
1301 W. County Line Road
Greenwood, IN 46142