



# IVY CHRISTIAN COLLEGE

## Admission Office

- This application must be completed, signed, and submitted to the Admissions Office with a \$100.00 non-refundable application fee.
- You as the student must abide and agree with the doctrinal position of the College, as found in the doctrinal statement of the student catalog.

### APPLICATION FOR ADMISSION

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

Place of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Your Level of English:  Beginner  Intermediate  Upper Intermediate  Advanced

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Address in United States:

Street Number & Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

#### In case of emergency ICC should contact the following:

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Full Name)

Emergency Contact Phone: \_\_\_\_\_

How did you hear about ICC?  Google  Facebook  Brochure  Friends/Family \_\_\_\_\_  
(Select all the options that apply to you) (Full Name)

Ethnic Origin (optional for statistical purpose only):  Black  American Indian/Alaskan Native  
 Asian/Pacific Islander  Hispanic  White, Non-Hispanic

### EDUCATIONAL PLAN

Admission Term:  Winter (Jan.)  Spring (Apr.)  Summer (Jul.)  Fall (Oct.)

Program:  English as a Second Language (E.S.L.)  Associate Degree in Biblical Studies (A.D.B.S.)

### ACADEMIC HISTORY

Last School Graduated: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
(Name of School)

Certificate/Diploma Earned:  High School  Bachelor's  Master's  Doctoral Degree

### VISA INFORMATION ( ONLY FOR INTERNATIONAL STUDENT )

Current Visa Type:  F-1  B-2/B-1  J-1  Other \_\_\_\_\_

Please select one:  Transfer Student  Initial Attendance  Reinstatement  
 Change of Status (Current Visa Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MM/DD/YY)

For F-2: Please complete **ONLY** if you want to issue dependent(s)' I-20 form for **F-2 STATUS**.

- NUMBER OF DEPENDENT(S) OF STUDENT:  One  Two  Three  Four  Five or more

#### Address in Home Country:

Street Number & Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Accommodation:  Rent: Monthly \$ \_\_\_\_\_  Homestay: Monthly \$ \_\_\_\_\_

I certify that I've been made aware of the availability of current ICC catalog online and I understand that I am responsible for adhering to all policies and procedures of the College. I also certify that the information given in this application is complete and accurate. I understand that withholding or giving false information will make me ineligible for admission or result in immediate dismissal from Ivy Christian College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)