



## Application for Admission

*Please type or print using block letters with ink.*

### Classification of Applicant:

\_\_\_\_\_ **New**  
\_\_\_\_\_ **Transfer**  
\_\_\_\_\_ **Re-admission**

**Date:** \_\_\_\_\_

### General Information

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

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile #: \_\_\_\_\_

ID #: \_\_\_\_\_ Visa type/number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

### Marital Status

\_\_\_\_\_ **Single**      \_\_\_\_\_ **Married**      \_\_\_\_\_ **Widowed**      \_\_\_\_\_ **Separated**

If married, give the name of spouse:

\_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Name(s) and ages(s) of child (ren):

\_\_\_\_\_

## Educational Background

Name of high school attended:

\_\_\_\_\_

Location of High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

List honors and rewards you received:

\_\_\_\_\_

Give the names and locations of institutions you have attended. Indicate dates attended and degree(s) earned.

**Name and location of institution**

**Dates attended/Degree earned**

_____	_____
_____	_____
_____	_____
_____	_____

**Please have transcripts sent directly to the Office of Admissions.**

Biblical College of Jerusalem Registrar  
C/O International Biblical College Jerusalem  
97 Jaffa Street, Suite 1210  
Jerusalem  
ISRAEL

***What is your anticipated emphasis?***

\_\_\_\_\_ Biblical Studies \_\_\_\_\_ Music \_\_\_\_\_ Culture \_\_\_\_\_ Education  
\_\_\_\_\_ Society \_\_\_\_\_ Science \_\_\_\_\_ Religion

***Desired Certificate/Diploma:***

\_\_\_\_\_ **Diploma of Biblical Studies (Completion of all three levels)**

\_\_\_\_\_ **Certificate**

\_\_\_\_\_ Level One Certificate of Biblical Studies

\_\_\_\_\_ Level Two Certificate of Historical and Biblical Theology

\_\_\_\_\_ Level Three Certificate of Practical Theology

## References

*(Please note: Do not give names of relatives as references)*

1. \_\_\_\_\_

Phone \_\_\_\_\_

2. \_\_\_\_\_

Phone \_\_\_\_\_

3. \_\_\_\_\_

Phone \_\_\_\_\_

***I hereby make application for admission International Biblical College Jerusalem. Enclosed is the one-time, non-refundable application fee of 350 NIS.***

### Mail to:

Biblical College of Jerusalem Registrar  
C/O International Biblical College Jerusalem  
97 Jaffa Street, Suite 1210  
Jerusalem  
ISRAEL

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IBCJ President Signature: \_\_\_\_\_ Date: \_\_\_\_\_