

TRANSFER APPLICANTS ONLY		List all post-secondary schools and colleges attended, including summer sessions, correspondence, and extension work. Attach a second sheet if necessary.			
College/University	Location	Date of Attendance To From		Number of Hours	Degree

YOU MUST SUBMIT AN ACADEMIC TRANSCRIPT FROM ALL COLLEGES ATTENDED. IF LESS THAN 12 HOURS, HIGH SCHOOL TRANSCRIPT IS ALSO REQUIRED.

*****PLEASE REMIT THE NON-REFUNDABLE APPLICATION FEE (\$25.00 Money Order or Certified Check,{ Visa, Mastercard can be called in}) WITH THE SUBMISSION OF THIS APPLICATION.*****

Were you ever under: Academic Probation? Yes___ No___ Academic Suspension? Yes___ No___
 The undersigned agrees that the information furnished on this application is complete and correct, and that any deliberate omission or falsification of information may result in denial of admission or dismissal.

Signature of Applicant _____ Date _____

PROGRAM OF STUDY

UNDERGRADUATE PROGRAMS: Bachelor of Theology; Associate Degree in Christian Education
GRADUATE PROGRAMS: Master of Divinity (M. Div.); Master of Arts in Christian Counseling (M.A.C.C.); Master of Christian Education (M.C.E.)
 Continuing Education (C.E.U.)

Accredited Status: Transnational Association of Christian Colleges and Schools (TRACS)
 (Nationally approved agency by the U.S. Department of Education)

Apex School of Theology admits all academically-qualified students to the rights, privileges, programs, and activities generally available to students at the school. Apex School of Theology does not discriminate on the basis of age, race, color, national origin, sex, or religion in administration of its educational policies and programs of admissions, financial aid, instruction, employment, athletics, and other college-administered programs.

PLEASE RETURN COMPLETED APPLICATION **AND** APPLICATION FEE TO

Apex School of Theology
 2945 South Miami Blvd. Ste 114
 Durham, North Carolina 27703
 (919) 572-1625 FAX (919) 572-1762(Fax)

FOR OFFICE USE ONLY: STUDENT ID/ CONFIRMATION CODE ASSIGNED:
 (ASSIGNED BY _____)



APEX SCHOOL OF THEOLOGY
 DURHAM, NORTH CAROLINA 27703, U.S.A.

STUDENT REFERENCE FORM

We are considering the application of _____ for entrance to the Apex School of Theology.

Name of Applicant

Your name has been given as a reference.

Instruction:

Please answer the following questions regarding the applicant as frankly and fully as possible. If you have no basis for judgment, please disregard the item or question.

Your reply will be held in the strictest confidence.

1. How long have you known the applicant? _____
2. In what relationship? _____
3. Is there any question about the applicant's character? _____
4. In your opinion, does the applicant have any personal habits, which would hinder effective ministry?

5. In what phase of ministry is applicant now engaged? _____

(Please circle the statement which most correctly characterizes the applicant.)

JUDGMENT	Uses Poor Judgment	Misinterprets situation and people	Actions usually passive in nature	Actions usually well-grounded	Judgment considered and respected by others
CHARACTER	Unbecoming in nature	Characterized by immaturity	Somewhat passive	Increasing in maturity	High degree of maturity. Respected
CHRISTIAN COMMITMENT	Evidences little or no commitment	Moderately committed	Seems to be developing a deeper sense of commitment	Highly committed	Inspires others to a higher commitment
LEADERSHIP	Shuns responsibilities	Prefers plans of others	Will take responsibilities if asked. Leads in minor affairs	Often shows initiatives	Seeks places of service. Accepted by others as genuine leader

Can you in good conscience recommend this applicant for entrance at Apex School of Theology? _____

Thank you for your prompt attention to our request.

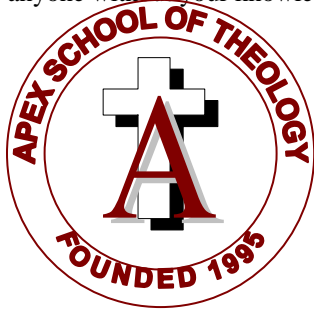
Date: _____ Signature: _____

Name *(please print)*: _____ Position & Title: _____

Address: _____ Phone: _____

Please mail this statement to: Registrar's Office
 Apex School of Theology
 2945 SOUTH MIAMI BLVD. STE 114
 DURHAM, NORTH CAROLINA 27703

This form MUST be completed. Information you provide will be used as an aid to providing necessary care while you are a student. The form will not affect admission decisions but must be filled out completely before being allowed to register. This information is strictly for the use of Apex School of Theology and will not be released to anyone without your knowledge or written consent. All medical interactions with our service are held in the strictest confidence.



APEX SCHOOL OF THEOLOGY
 DURHAM, NORTH CAROLINA 27703, U.S.A.

MEDICAL HISTORY REPORT

Social Security Number _____

Please Print

Name _____ (_____) _____
Last Maiden First Middle

Home Address _____
Street City State Zip

Home Phone (_____) _____

Class you are entering: (Circle) Fr. Soph. Jr. Sr.	Were you previously enrolled here? Yes (If "Yes" Dates __) No	Proposed Registration Date: Fall Spring Summer
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Personal Physician: _____ Telephone Number: _____

Notify in Case of Emergency

Name _____ Relationship _____

Home Phone (_____) _____ Work (_____) _____

If you are under 18 years of age and unmarried, have a parent or guardian sign below:
"In the event of any emergency, I give my permission for my son/daughter to receive necessary medical treatment."

Date: _____ Parent's/Guardian's Signature: _____

- Circle any of the following which you have had or are having. Give dates and the appropriate details.
- Allergies
 - Drug Addiction
 - Headache (Migraine)
 - Asthma (Respiratory Aliments)
 - Hypertention
 - Diabetes
 - Epilepsy
 - Typhoid
 - Dizziness
 - Tuberculosis
 - Emotional/nervous disturbances

Drug Allergies (Please List) _____

Do you have any other physical/emotional conditions that required a physician's attention?

If so, Explain:

NOTE: THIS MEDICAL HISTORY FORM IS CONTINUED ON THE REVERSE SIDE

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Immunizations Required for Admission to College

North Carolina state law requires that all new undergraduate students must have certain required immunizations. Immunization records must be kept on file at the college. Students are required to present proof of immunization. Students in North Carolina may obtain copies of their immunization records from their high school. If they meet the minimum requirements of North Carolina law for students in grades K-12, they are acceptable for college entrance.

A. Students 17 years of age and younger	B. Students born bin 1957 or later and are 18 years of age or older	C. Students born prior to 1957
Required: 3DTP (Diphtheria, Tetanus, Peutussis) or TD (Tetanus, Diphtheria) dose- TD does must have within the last ten (10) years 3 Polio (oral) Doses 2 Measles (Rubeola) doses, on or after the first birthday* 1 Mumps 1Rubella Dose **	Required: 3DTP (Diphtheria, Tetanus, Peutussis) or TD (Tetanus, Diphtheria) dose- TD does must have within the last ten (10) years 2 Measles (Rubeola) doses, on or after the first birthday* 1Rubella Dose **	Required: 3DTP (Diphtheria, Tetanus, Peutussis) or TD (Tetanus, Diphtheria) dose- TD does must have within the last ten (10) years 1Rubella Dose ***

*History of Physician diagnosed measles is acceptable.

** Physician diagnosed rubella is not acceptable. Only a laboratory proof of immunity to rubella is acceptable

***Rubella is not required for students 50 years or older.

MEDICAL HISTORY

This information is strictly for the use of Apex School of Theology and will not be released to anyone without your knowledge or written consent. Information you provide will be used as an aid to providing necessary care while you are a student. It will in no way effect admission decision. (Please use an extra sheet of paper if necessary.)

1. Please list any chronic problems requiring current and ongoing treatment.
2. List any medications you use regularly.
3. List any drug allergies.
4. Do you have a psychologically or psychiatric problem that has required treatment or therapy with in the past two years? If yes, please explain in detail. (Please use an extra sheet of paper)
5. List any restrictions of physical activity ever recommended to you.
6. Were you ever excused from physical education in you former school? Yes No
7. Do you require a special diet? If yes, Explain.

STATEMENT BY STUDENT: I attest that this medical history is true and complete to the best of my knowledge.

DATE: _____ SIGNATURE: _____

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APEX SCHOOL OF THEOLOGY
2945 SOUTH MIAMI BLVD. STE 114
DURHAM, NORTH CAROLINA 27703.

STUDENT TRANSCRIPT RELEASE FORM

It is your responsibility to have a copy of your transcript forwarded to us from each school you have attended, including high school.

If you are a current high school senior, you must have a transcript forwarded to us now and a final copy forwarded to us upon graduation. If you are currently attending college, you must have a transcript forwarded to us now and a final copy forwarded to us upon graduation or completion of the semester.

I have applied for the _____

program at _____. Please submit an official copy of my transcript to the address above.

I hereby authorize _____
(Name of school/college)

to release a transcript (or GED scores) to _____

Name: _____ Date of Birth: _____
(Name used while attending school)

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Signature of Applicant: _____

Date of Signature: _____

Reminder: Contact your former college (s) to determine their transcript fee. Then mail or present this form and transcript fee to any colleges you have attended.

**APEX SCHOOL OF THEOLOGY
2945 S. MIAMI BLVD STE 114
DURHAM, NC 27703
Student Digital Information Form**

Student Name:

Address:

Telephone:

Email Address:

Cell Phone:

Work Phone:

My Degree Program:

My Spiritual Autobiography:

(The Spiritual Autobiography is a testimony of the student's salvation experience, growth in Christian character, call to ministry, current ministry and future ministerial prospects.)