
APPLICATION FORMS

Students are invited to enroll for classes while their application is in progress.

Degree-seeking students may register for up to six semester credit hours before turning in the completed application forms. Your formal application should be completed by the time you have earned six credit hours or completed your first semester, whichever comes first. When you register for classes, please select academic credit (BA or MA) or a certificate program.

APPLICATION PROCEDURE

Everyone is eligible to take individual courses at TCCTC. *Only those seeking to enroll in a degree or certificate program need to follow this application procedure.* Students who wish to take a course or seminar that does not lead to a specific program of study are welcome to do so and only need to complete the semester registration form.

WHEN TO APPLY

Students may apply as early as one year prior to the beginning date of the term in which the student wishes to enroll. Students should apply as early as possible to allow time for processing the application, and setting an appointment with an academic advisor to discuss what program will best serve the student's needs. *Students are invited to enroll for classes while their application is in progress.*

REQUIREMENTS

- For academic credit, a transcript from the high school and college(s) attended is required
- A written exercise is required for students who have not yet earned their associate degree
- College credit requires a combination of class participation, outside reading, reports, and examinations
- While TCCTC has neither academic nor age requirements for entrance, a student must be able to understand and participate at the level at which he or she is enrolled

APPLICATION FEE

A non-refundable \$50 application fee must accompany the admission application. Please make checks or money orders payable to Tallahassee Christian College & Training Center, and send to the attention of the *Registrar's Office*.

APPLY BY SUBMITTING ALL OF THE FOLLOWING FORMS AND FEES TO THE REGISTRAR'S OFFICE

1. **Program Admission Application** (page 2-3)
2. **Statement of Purpose** (page 4)
3. **Student Policies, Rights and Responsibilities Agreement** (page 5)
4. **Writing Exercise** (only for students who have not yet earned an associate degree) (page 6)
5. **Transcripts** (page 7)

The student's application must include all previous high school and college work. Transcript requests must be made to each school listed on the application by the student. *Most schools charge for these services.* The schools will send transcripts directly to TCCTC.

6. **Pastoral Recommendation Form** (page 8)
A recommendation is to be mailed directly from a pastor or spiritual mentor to TCCTC.
7. **Personal Recommendation Forms** (page 9-10)
Two personal recommendations are to be mailed directly from the person writing the reference to TCCTC.
8. **\$50 non-refundable application fee**

NOTICE OF ACCEPTANCE

When the Registrar's Office has received all forms listed, the student's application will be evaluated. Applications will not be evaluated until all items are received. Please follow-up within a month of your last submission to finalize formal acceptance into your program of studies (850) 513-1000.



PROGRAM ADMISSION APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

When do you plan to attend TCCTC? Year _____ Winter/Spring Summer Fall

Part time _____ Full time _____

This application is for:

- 1-Year Certificate 2-Year Certificate
- 1-Year Academic Diploma 2-Year Academic Diploma
- Bachelor's Degree Master's Degree

Previous Degrees Held: _____

MASTERS DEGREE ONLY - Major Area of Study: _____

Name _____

Present Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail Address _____

Church affiliation, if any: _____

PERSONAL

Sex: Male Female Marital Status: Single Married Separated Divorced Widowed

Date of Birth: _____ Age _____ Social Security # _____ - _____ - _____

Are you a U.S. Citizen? Yes No

Are you a Resident Alien? Yes No (If yes, please enclose a copy of your green card)

FOR OFFICE USE ONLY:
Date Application Received: _____
Date \$50 Application Fee Received: _____

Are you a member of a church? Yes No Do you attend regularly? Yes No

Pastor's Name _____ Phone _____

Church Name: _____

Church Mailing Address: _____

Special needs, if any: _____

LIST ONE PASTORAL REFERENCE:

Name _____ Title _____

Address _____

Phone Numbers _____

LIST TWO PERSONAL REFERENCES:

Name _____ Title _____

Address _____

Phone Numbers _____

CHRISTIAN SERVICE/MINISTRY:

Please list past and present areas of Christian service/ministry:



STATEMENT OF PURPOSE

PLEASE TYPE OR PRINT LEGIBLY

Name _____ Date _____

Attach additional sheets as needed:

- 1. Give a brief description of your Christian experience (500 words or less), how you came to know the Lord, and describe your present walk with the Lord:

- 2. Briefly explain why you want to attend Tallahassee Christian College & Training Center:

- 3. Do you feel called to a particular aspect of ministry service? (e.g., pastor, teacher, evangelist, missionary, worship leader, children’s ministry, etc.) If unsure, list your major areas of interest and strengths:



STUDENT POLICIES, RIGHTS AND RESPONSIBILITIES AGREEMENT

I have read, understood and agreed with Tallahassee Christian College and Training Center's (TCCTC) student policies and student rights and responsibilities as set forth in the TCCTC's Student Handbook. The handbook is posted at www.TCCTC.org under Student Resources.

Student Name

Signature

Date

Last 4 digits of Social Security # - _____

(Must be signed and returned to the Registrar within 10 days of registration)



WRITING EXERCISE EXPLANATION

I certify that I have an associate degree or above; therefore I am exempt from this exercise.

Name _____

Signature _____

Date _____

If a student does not possess an associate degree and enrolls in a course for credit, a writing sample exercise will be required by the end of the first week of class. The sample is taken to determine if the student needs assistance with basic writing skills necessary to succeed in credit courses, and should be completed no later than the end of the first week of the credit class. In the meantime, the student may register for credit classes and change them to audit if the writing requirement is not met.

The writing exercise allows one hour for writing a short (100-250 word) essay on one of three general topics. (Bibles and computers may be used.) The writing sample will be evaluated using standard criteria to make one of the following recommendations:

1. *Upon examination of your writing exercise TCCTC believes you are ready to take courses for credit at TCCTC.*
2. *Upon examination of your writing exercise TCCTC recommends that you make an appointment with an academic advisor for suggestions on how to improve your writing skills.*
3. *Upon examination of your writing exercise TCCTC requires that you enroll in a writing course at Tallahassee Community College, or an equivalent writing program. Until completion of such a program (and standards are met), your status will be changed from credit to audit. Please contact the registrar for information about our non-credit programs.*

To schedule the writing exercise, please contact the main office.

If you have additional questions about TCCTC's Writing Exercise, the results of your exam, or the next step in your education, please contact Jackie Kinsey, TCCTC Registrar. (850) 513-1000 or info@TCCTC.org



OFFICIAL TRANSCRIPT REQUEST

TO: REGISTRAR

Name of High School, College, or University

Address of School

City State Zip

Please forward an official transcript of my academic work for:

- High School Record (Include graduation date or date of withdrawal)
- General Education Development Test Scores (GED)
- College Transcript

The following information is furnished to assist you in locating my records:

Name(s) used while attending above-named institution (PLEASE PRINT)

Last Name First Name Middle Name Maiden Name

Date of Birth Social Security #

Date of Graduation Last month/year attended

Student Signature Date

Current address:

City State Zip

Please Mail Transcript to: Tallahassee Christian College & Training Center
ATTN: Registrar's Office
1717 Hermitage Blvd. Suite 102
Tallahassee, FL 32308
Phone: (850) 513-1000 Fax: (850) 514-7488



PASTORAL RECOMMENDATION FORM

The person listed below has applied for admission to Tallahassee Christian College & Training Center to work toward a certificate, diploma or degree. We desire students of Godly character who wish to become prepared for effective ministry and service in the Kingdom of God. Serious consideration will be given to your comments. This recommendation will be kept in confidence. Once completed, please return this form to the address above.

Name of Applicant _____

Address of Applicant _____

1. How long have you known the applicant? _____

What is your relationship to the applicant? _____

2. How well do you know the applicant? By name By sight Casually Fairly Well Very Close

3. To your knowledge, is the applicant committed to Jesus Christ? Yes No Unsure

If yes, is this commitment evident in daily life? Yes No Unsure

4. Are there habits, misuse of substances, areas of immorality or lifestyle that could be a problem in representing the Gospel through their life and work? Yes None of which I am aware

If yes, what? _____

5. Which characteristics best describe the applicant? (Please check all that apply)

Warmhearted Critical Tolerant Passive Sympathetic Rebellious

Respectful Enthusiastic Loving Teachable Helpful Compassionate

Fully and openly committed to Jesus Christ

6. What Christian service are you aware of in which the applicant has been involved?

7. What do you consider the applicant's strengths? _____

What do you consider the applicant's weaknesses? _____

Please check one: I recommend I recommend with reservation I do not recommend

8. Comments: _____

Signature _____ Phone _____

Name of Church _____

Your Name, Title, Address _____

Email Address: _____

For office use only: Rec'd ____/____/____



PERSONAL RECOMMENDATION (#1)

The person listed below has applied for admission to Tallahassee Christian College & Training Center to work toward a certificate, diploma or degree. We desire students of Godly character who wish to become prepared for effective ministry and service in the Kingdom of God. Serious consideration will be given to your comments. This recommendation will be kept in confidence. Once completed, please return this form to the address above.

Name of Applicant _____

Address of Applicant _____

1. How long have you known the applicant? _____

What is your relationship to the applicant? _____

2. How well do you know the applicant? By name By sight Casually Fairly Well Very Close

3. To your knowledge, is the applicant committed to Jesus Christ? Yes No Unsure

If yes, is this commitment evident in daily life? Yes No Unsure

4. Are there habits, misuse of substances, areas of immorality or lifestyle that could be a problem in representing the Gospel through their life and work? Yes None of which I am aware

If yes, what? _____

5. Which characteristics best describe the applicant? (Please check all that apply)

Warmhearted Critical Tolerant Passive Sympathetic Rebellious

Respectful Enthusiastic Loving Teachable Helpful Compassionate

Fully and openly committed to Jesus Christ

6. What Christian service are you aware of in which the applicant has been involved?

7. What do you consider the applicant's strengths? _____

8. What do you consider the applicant's weaknesses? _____

9. Please check one: I recommend I recommend with reservation I do not recommend

10. Comments: _____

Signature _____ Phone _____

Name _____

Address _____

Email Add: _____

For office use only: Rec'd ____/____/____



PERSONAL RECOMMENDATION (#2)

The person listed below has applied for admission to Tallahassee Christian College & Training Center to work toward a certificate, diploma or degree. We desire students of Godly character who wish to become prepared for effective ministry and service in the Kingdom of God. Serious consideration will be given to your comments. This recommendation will be kept in confidence. Once completed, please return this form to the address above.

Name of Applicant _____

Address of Applicant _____

1. How long have you known the applicant? _____

What is your relationship to the applicant? _____

2. How well do you know the applicant? By name By sight Casually Fairly Well Very Close

3. To your knowledge, is the applicant committed to Jesus Christ? Yes No Unsure

If yes, is this commitment evident in daily life? Yes No Unsure

4. Are there habits, misuse of substances, areas of immorality or lifestyle that could be a problem in representing the Gospel through their life and work? Yes None of which I am aware

If yes, what? _____

5. Which characteristics best describe the applicant? (Please check all that apply)

Warmhearted Critical Tolerant Passive Sympathetic Rebellious

Respectful Enthusiastic Loving Teachable Helpful Compassionate

Fully and openly committed to Jesus Christ

6. What Christian service are you aware of in which the applicant has been involved?

7. What do you consider the applicant's strengths? _____

8. What do you consider the applicant's weaknesses? _____

9. Please check one: I recommend I recommend with reservation I do not recommend

10. Comments: _____

Signature _____ Phone _____

Name _____

Address _____

Email Address: _____

For office use only: Rec'd ____/____/____