



APEX SCHOOL OF THEOLOGY
 1701 T.W. ALEXANDER DRIVE
 DURHAM, NORTH CAROLINA 27703, U.S.A.
 (919) 572-1625 FAX (919) 572-1762

APPLICATION OF ADMISSION

SITE-15 TELEPHONE: (252)830-4053 FAX: (252)830-9887

Circle Semester you wish to enter: Fall 20__ Spring 20__ Summer 20__

Non-Refundable Application Fee of \$25.00 is due with submission of application for the Undergraduate Program. Non-Refundable Application Fee of \$35.00 is due with submission of application for the Graduate Program. (VISA, MasterCard, Money Order or Certified Check) ***The Registration Fee must be received before application will be processed***

Social Security Number _____ Campus Site _____

Name _____ (_____) _____
 Last Maiden First Middle Sex Race (Optional)

Home Address _____
 Street City State Zip

County _____

Birthdate ____/____/____ Age _____ Birthplace _____ Citizenship Country _____

Home Phone (_____) _____ Work (_____) _____ EMAIL Address _____

Full-time ____ Part-time ____ On Campus ____ Online ____ If veteran, Claim No. _____

Interested in the Federal Financial Aid Programs? ____Yes No ____ (Please place an X with the proper response.)

High School/GED Center Name _____

High School/GED Address _____

Graduation Date _____ GED Score _____

Reason for applying to Apex School of Theology (Which course of study and/or Degree)

Program: Associate Degree in Christian Education Bachelor of Theology Continuing Education (Cont. ED.)
 Master of Christian Education (M.C.E.) Master of Divinity (M. Div.)

{If you have successfully completed a graduate program and desire to enroll in the Doctor of Ministry (D.MIN.)Program, please fill out the Doctor of Ministry Inquiry Form to be sent a Doctor Ministry Application }

TRANSFER APPLICANTS MUST: Transcripts are required for all post-secondary schools and colleges attended. Attach a second sheet if necessary. A High School transcript is required for all Undergraduate Students and Graduate Students with 12 hours or less from post- secondary/colleges.				
College/University	Location	Date of Attendance To From	Number of Hours	Degree

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

NOTE: THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE »»

Spiritual Autobiography:

The Spiritual Autobiography is an important part of the admission's process of Apex School of Theology. It is a statement of the student's salvation experience, growth in character as a believer in Christ, their call to ministry, current ministry for the Lord and how they intend to use a degree from Apex School of Theology. The institution places a great deal of significance to this document written in the potential student's own words.

Expectations:

1. The Spiritual Autobiography must be typed.
2. Each of the major areas of the Spiritual Autobiography must have a header above them. (The major areas of the Spiritual Autobiography are:
 - A. Salvation Experience
 - B. Growth in Christian Character
 - C. Call to Ministry
 - D. Current Ministry
 - E. How you intend to use a degree from Apex School of Theology)
3. Each area must be a minimum a paragraph in length.

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 _____

Please submit a copy of your valid driver's license and/or other valid government issued identification containing your name, address and your signature.

PROGRAM OF STUDY

UNDERGRADUATE PROGRAMS: Bachelor of Theology; Associate Degree in Christian Education

GRADUATE PROGRAMS: Master of Divinity (M. Div.); Master of Christian Education (M.C.E.)

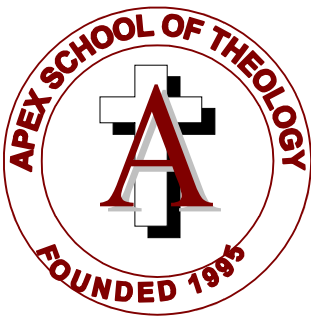
Doctor of Ministry; Continuing Education (C.E.U.)

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
1701 T.W. Alexander Drive
Durham, North Carolina 27703**



APEX SCHOOL OF THEOLOGY
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 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? _____

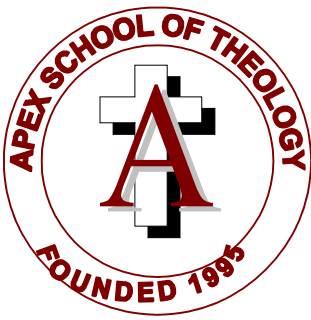
Thank you for your prompt attention to our request.

Date: _____ Signature: _____ Phone: _____

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

Address: _____ City, State & Zip: _____

Please mail this statement to: Admissions Office
 Apex School of Theology
 1701 T.W. Alexander Drive
 Durham, North Carolina 27703



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Thank you for your prompt attention to our request.

Date: _____ Signature: _____ Phone: _____

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

Address: _____ City, State & Zip: _____

Please mail this statement to: Admissions Office
 Apex School of Theology
 1701 T.W. Alexander Drive
 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
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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 emergence, 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) |
| Hypertension | 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, Pertussis) or TD (Tetanus, Diphtheria) dose- TD does must have within the last ten (10) years 3 Polio (oral) Doses 2 Measles (Rubella) doses, on or after the first birthday* 1 Mumps 1Rubella Dose **	Required: 3DTP (Diphtheria, Tetanus, Pertussis) or TD (Tetanus, Diphtheria) dose- TD does must have within the last ten (10) years 2 Measles (Rubella) doses, on or after the first birthday* 1Rubella Dose **	Required: 3DTP (Diphtheria, Tetanus, Pertussis) 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

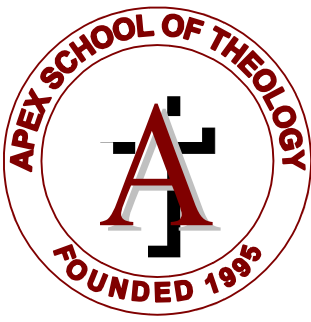
This information is strictly for the use of Apex School of Theology and will not be released to anyone without your knowledge or written consent. Information you provide will be used as an aid to providing necessary care while you are a student. It will in no way effect admission decision. (Please use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

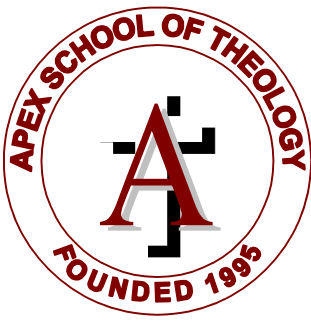
Signature of Applicant: _____

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.



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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 the Apex School of Theology. 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.

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