



Leadership capacity:  Pastor  Associate Minister

Other (please specify): \_\_\_\_\_

Are you licensed or ordained?  Yes  No

**Academic Information**

List all colleges and universities attended or currently attending, including Lake Charles Bible College:

Institution	Location (city, State)	Entered (Month/Year)	Departed (Month/Year)	Degree Received

Indicate when you plan to enroll:

Year: \_\_\_\_\_  Fall (August)  Spring (January)

Do you plan to work toward a degree at Lake Charles Bible College?  Yes  No

Non-Degree Seeking

Certificate Program

Degree Seeking

Bachelor of Bible

Bachelor of Ministry

Master of Divinity

Master of Ministry

Doctor of Theology

Doctor of Ministry

## Signature

Read statements below and sign and date application.

I certify that all information given is complete and accurate, and I agree to abide by all the rules and regulations of Lake Charles Bible College. I realize that falsification of any information on this form or intentional omission of information may lead to refusal of admission or dismissal from Lake Charles Bible College. I do hereby authorize Lake Charles Bible College to access my academic records.

By signing below, I pledge to: 1) uphold the highest standards of academic integrity in my work; 2) refuse to tolerate violations of academic integrity in the academic community; and 3) foster a sense of integrity and social responsibility on the part of the university community.

---

Signature

---

Date

Please return to:  
Lake Charles Bible College  
2233 12<sup>th</sup> Street  
Lake Charles, Louisiana 70601