



APPLICATION FOR ADMISSION

BA	SIC INFORMATION
1.	Name (First/Middle/Last):
	Address: City:
	Province: Postal Code: Country:
	Birth Date (m/d/y):/ Birthplace: Citizenship:
	Social Insurance Number: Telephone: ()
	Email Cell:
	Gender: □ Male □ Female Marital Status: □ single □ married □ divorced □ separated
	Number of Dependents:
2.	Names of Parents/Guardians:
	Address: City:
	Province: Postal Code: Country:
	Telephone: (home) (work)
3.	Where did you hear about MCC?
Cŀ	SURCH INFORMATION
1.	Have you received Jesus Christ as Lord and Saviour? □ yes □ no When?
2.	Name of church you currently attend:
3.	If no church affiliation, state preference:
	Details of activity in a congregation:

ACADEMIC INFORMATION Secondary 1. Highest Grade Completed: ______ In What Year: _____ Province/State: _____ Name and Address of High School: Graduation Date: _____ We require an official high school transcript. An official transcript is a signed, sealed copy of your academic courses completed. These transcripts from your local high school, a GED issued by the Provincial Department of Education or a certificate of home-schooling from the recognized authority, must be forwarded directly to MCC from these institutions. Post-Secondary 2. College or University: ______ Total Years or Semester Hours: _____ Program taken: _____ Degree or Diploma granted: ______ Year: _____ We require an official post-secondary college or university transcript. An official transcript is a signed, sealed copy of your academic courses completed. These transcripts must be forwarded directly to MCC from the school. 3. Were you ever dismissed or suspended from any school? yes □ no Reason for dismissal or suspension: **REGISTRATION** What program do you wish to pursue at M.C.C.? ■ Bachelor of Arts (Bible) ■ Associate of Arts Diploma ■ Bachelor of Arts (General Studies) ■ Biblical Studies Certificate ■ Bachelor of Arts (Child and Youth) ■ Ministerial Diploma ■ Bachelor of Bible and Ministry ■ Ministry Certificate

HOUSING

■ Part-time

Accommodations required for the year (dorm room)?

Anticipated enrollment: Year: 20____

It is required that all students live on campus. See the MCC Catalogue for exceptions. The "Application for Residency" form must be filled out and submitted along with a \$200 room deposit by August 1.

■ Unsure

Semester: ☐ September ☐ January

yes

□ no

TR	AVEL		
Stı	udents and faculty may travel outside Canada on ministry trips during the year.		
Ar	e you able to travel outside Canada?	□ yes	□ no
Do	you have a passport?	■ yes	□ no
Na	ame as it appears on passport:		
Pa	ssport expiry date: Passport Number:		
FIN	NANCES		
Do	you have adequate finances for your first year?	■ yes	□ no
lf r	not, how are you planning to cover your expenses at Maritime Christian College?		
Cŀ	HARACTER		
1.	Do you use tobacco, intoxicating beverages, or habit-forming drugs? If yes, please explain:	□ yes	□ no
2.	Have you ever been arrested or convicted of a criminal offence? If yes, please explain:	□ yes	□ no
3.	Are there any other personal issues that Maritime Christian College needs to be aware of? If yes, please explain:	□ yes	□ no
4.	your life in harmony with them?	lling to co	onduct no
	If no, please explain:		
5.	Submit a Photo and a typed Personal Essay of 250-350 words describing your goals occupation and life, and also why you desire to attend MCC. Briefly relate your spiritual j and how your relationship with Jesus has improved your life since becoming a Christia transferring from another Bible College, give reasons.	journey to	o date

REFERENCES

Three character references are required, these recommendations will be seriously considered in determining your admission. We encourage at least one of these references be an elder or a minister and suggest one employer or someone with whom you have had a business relationship. These must not be relatives. *Distribute the three enclosed "Applicant Reference" forms and return envelopes to your chosen references.*

I have been referred by a current MCC Student or Adı	missions Counsellor:	□ yes	□ no
MCC Student or Admissions Counsellor Name (please print)	MCC Student or Admiss	sions Counsellor Signa	ature
I declare that the above are answered fully and accur I agree to abide fully with all rules and standards of the		ge. If admitted,	
Signature:	Date:		

REFERRAL

Mail to:
Admissions Office
Maritime Christian College
503 University Avenue
Charlottetown, PE C1A 7Z4

Email to: admissions@mccpei.com

Fax to: 902-892-3959