



# STUDENT APPLICATION

**Every Student MUST COMPLETE this form.**  
**Incomplete forms will be returned.**

3728 34<sup>th</sup> Street • Lubbock, Texas 79410 • (806) 797-2327 or (800) 687-2121

(PLEASE PRINT OR TYPE) Read regulations before completing application.

Applicant's Name _____			Date: _____	
Age _____		Date of Birth _____		
Physical Address _____		City _____	State _____	Zip _____
Mailing Address _____		City _____	State _____	Zip _____
Email _____			Phone (____) _____	

Spouse \_\_\_\_\_ Ages of Children \_\_\_\_\_  
Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed \_\_\_\_\_  
Nearest relative not living with you, include address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Educational Background: High School \_\_\_\_\_ Some College \_\_\_\_\_ College Graduate \_\_\_\_\_  
Trade School \_\_\_\_\_ Other \_\_\_\_\_

When were you baptized? \_\_\_\_\_ Where and By Whom? \_\_\_\_\_

What church do you CURRENTLY attend \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Minister \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List two (2) Christians who would recommend you. (Must include phone number)

1. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How much time a week could you give to this study? \_\_\_\_\_

## Mark the appropriate level of study

\_\_\_\_\_ Audit (*If requesting a Certificate of Completion a \$5.00 fee is required per course.*)

### **Credit Students must complete the following information.**

(A \$30.00 enrollment fee is required for each course taken at Level 2 or Level 3.)

\_\_\_\_\_ Level 2 (non-transferrable credit)

\_\_\_\_\_ Level 3 (transferrable credit)

\_\_\_\_\_ Satellite School

\_\_\_\_\_ Individual Study  
(Test Administrator)

Attending Satellite School \_\_\_\_\_ State \_\_\_\_\_

School Administrator \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Continued on reverse side. . .

Would you be interested in attending **the resident school now or in the future?** \_\_\_\_\_

**Photo  
Required**

*If I am admitted to Sunset International Bible Institute External Studies program, I will do my best to maintain the highest moral, spiritual, and academic standards possible, and will complete to the best of my ability all work assigned. I will approach the studies seriously and prayerfully.*

\_\_\_\_\_  
(Applicant's Signature REQUIRED) Date: \_\_\_\_\_

## TEST ADMINISTRATOR AGREEMENT

**It is agreed that I will administer the tests of the Sunset International Bible Institute to**  
\_\_\_\_\_ **(student) according to the following stipulations:**

1. The **time and place** of administering the tests will be at the Test Administrator's convenience.
2. The **cost of mailing the completed tests** back to Sunset will be paid by the student.
3. I will guard the test sheets carefully so as not to allow unauthorized exposure to the student and others.
4. I will not allow the test sheets to be reproduced in any manner without permission from Sunset.
5. Before giving the test, I will **assure myself that the student has satisfactorily written his memory verses and completed the assignments** in the Study Guide Book.
6. The test is to be administered simply by my giving the student the correct test sheet(s) and his answering the questions in my presence. **I will not leave the student alone while the test or question sheets are in his possession nor will I assist him in any way to arrive at an answer.**
7. Upon completion of answering the test questions, I will take back completed test sheets and any assigned reports or research papers and mail them to the Sunset International Bible Institute Extension Department, 3728 34th Street, Lubbock, Texas 79410.
8. I will be sure that the student fills out the information at the top of the test sheet and I will sign on the proper line affirming that the test has been properly administered.
9. Any tests received at Sunset not properly completed or signed by the Test Administrator will not be graded or recorded.

***Having read the above rules, I agree to serve the above named person(s) in the capacity of Test Administrator.***

**(Please type or print clearly)**

Print Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_