

**APPLICATION FOR ADMISSION
SHILOH BIBLE COLLEGE ETHIOPIA**

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Semester Abroad STUDENT APPLICATION FOR ADMISSION

Date: _____
(Day) (Month) (Year)

Name _____
(Family Name) (First Name) (MI)

Address: _____
(Street) (City) (State) (Code) (Nation)

Phone: _____ Email: _____

Date of Birth _____ Nationality: _____
(Day) (Month) (Year)

Passport No.: _____ Issued: _____ Expires: _____

Sex: Male _____ Female _____

Marital Status: Married _____ single _____

If married name of Spouse _____

Housing Request: Individual _____ Husband and Wife: _____

Current College or Seminary: _____

Contact Person: _____

Contact email: _____

Requested Semester of Attendance: _____

Current academic Program:

Bachelor Level: _____

Post-Graduate: _____

Passport or similar
photograph

References: Please give two names (not relatives), with address, for reference

1) _____
(Name) (email) (Relationship)

2) _____
(Name) (email) (Relationship)

Name of your local church: _____

Church local Address: _____

Pastor's Name and email: _____

Position (s) you hold at your church _____

Your Denomination/ Affiliation: _____

Statement of your purpose for attending (Why Bible College, Why SBCE) _____

Signature _____

Date: _____

Application fee \$25 USD must accompany this form.

For office use only:	
Current School Contact	<input type="checkbox"/>
Study Abroad Agreement	<input type="checkbox"/>
Transcript Received	<input type="checkbox"/>
Phone Interview Held	<input type="checkbox"/>
Academic program _____	
Housing Available	<input type="checkbox"/>