

# Tri-State Bible College

506 Margaret Street  
PO Box 445  
South Point, OH 45680  
Phone: (740) 377-2520  
E-mail: info@tsbc.edu



An Application Fee of \$25.00  
must be submitted with this form.

## Application Form (Please print or type)

### PERSONAL INFORMATION:

**Name:**  Miss  Mr. Last \_\_\_\_\_  
 Mrs.  Rev. First \_\_\_\_\_  
 Ms.  Dr. Middle \_\_\_\_\_

**Address** \_\_\_\_\_

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

Applying as:  On campus student  Online student  Both

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Desired Entrance Date \_\_\_\_\_ Do you intend to graduate:  Yes  No  Not Sure

### EDUCATION: (An official transcript must be sent to the college from **EVERY** institution attended)

High School \_\_\_\_\_ Graduate:  Yes  No

College \_\_\_\_\_ Graduate:  Yes  No

College \_\_\_\_\_ Graduate:  Yes  No

Other \_\_\_\_\_ Graduate:  Yes  No

### CITIZENSHIP:

U. S. Citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_

Permanent resident or resident alien (holder of green card)?  Yes  No

If neither of the above is answered "Yes," upon what basis do you plan to do your studies?  
\_\_\_\_\_

### PROGRAM:

- Bachelor of Arts in Bible / Theology (Ministry Studies Minor)
- Bachelor of Arts in Bible / Theology (Christian Education Minor)
- Bachelor of Arts in Bible / Theology (General Studies Minor)
- Associate of Arts
- Certificate of Biblical Studies
- Special (Not planning to graduate)
- Auditor (Not for credit)



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## HIGH SCHOOL TRANSCRIPT REQUEST FORM

Date \_\_\_\_\_

TO: Name of High School \_\_\_\_\_

Address of High School \_\_\_\_\_

\_\_\_\_\_

### **REQUEST FOR TRANSCRIPT:**

I have applied for admission to Tri-State Bible College. I hereby authorize you to release the materials checked below.

\_\_\_\_\_ I am still enrolled in high school. Please send one copy of my official transcript now and one copy after my graduation.

\_\_\_\_\_ I have graduated. Please send an official transcript indicating the date of my graduation, my grade point average, and my class rank.

Please send to:

Office of the Registrar  
Tri-State Bible College  
PO Box 445  
South Point, OH 45680

Sincerely yours,

Signature \_\_\_\_\_

Name (printed legibly) \_\_\_\_\_

Name when attending \_\_\_\_\_

Name now (if different) \_\_\_\_\_

City/State and Date of Birth \_\_\_\_\_

School Attended (if consolidated) \_\_\_\_\_

Date of Graduation (or attendance) \_\_\_\_\_

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## COLLEGE TRANSCRIPT REQUEST FORM

Date \_\_\_\_\_

TO:  
Name of College or University \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### **REQUEST FOR TRANSCRIPT:**

I have applied for admission to Tri-State Bible College, South Point, Ohio. I hereby authorize you to release the materials checked below.

\_\_\_\_\_ I am currently enrolled. Please send one copy of my transcript now and one copy with the current semester's grades.

\_\_\_\_\_ I am currently enrolled. Please send a copy of my transcript at the end of the semester when grades are posted.

\_\_\_\_\_ I was enrolled as indicated below. Please send a copy of my official transcript.

Please send to:

Office of the Registrar  
Tri-State Bible College  
PO Box 445  
South Point, OH 45680

Sincerely yours,

Signature \_\_\_\_\_

Name (printed legibly) \_\_\_\_\_

Name when attending \_\_\_\_\_

Name now (if different) \_\_\_\_\_

City/State and Date of Birth \_\_\_\_\_

Student Number (if any) \_\_\_\_\_

Date of Graduation (or attendance) \_\_\_\_\_

### TRANSCRIPT FEE:

\_\_\_\_\_ I have enclosed the proper fee for this service.

\_\_\_\_\_ I am not aware of the charges for this service. Please inform me.