



CALVARY CHAPEL BIBLE COLLEGE ITALY
Continuing Student Application Packet

Full Name: _____

Email: _____

Last CCBC Campus Attended: _____

Checklist

The following items must be enclosed when applicable:

- Continuing Student Application Packet** (pages 1 to 3)
- Transcript(s)** indicating all credits earned at previously attended CCBC campuses
- Current Schedule** indicating all classes you are currently taking
- Confirmation** that all previous fees have been paid in full*
- Reference** from CCBC Campus director/dean and CM199 supervisor*

** You may either use the form provided on page 4 or have your campus complete their own form or letter.*

Mail or Email Application to:

Calvary Chapel Bible College Italy
Via Jacopo Riccati 17
31031 Caerano S. Marco (TV)
Italia
info@ccbcitaly.com

Emergency Contact (*who may we contact in case of an emergency?*)

Full Name: _____

Relationship: _____ Telephone: _____

Address: _____

Email: _____

Application Received: _____

Fees Paid: _____

Reply Email Sent: _____

Student Information

Last name: _____ First name: _____ Middle name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____ SSN (U.S. students only): _____

Date of Birth (dd/mm/yyyy): _____ Sex: _____ Occupation: _____

Place of Birth (city, state, country): _____ Citizenship: _____

Marital Status: Single Married Divorced Widowed Currently in Relationship

For which semester are you applying? Fall Spring 2010 2011

Explain why you want to attend CCBC Italy:

Name of Home Church: _____ Location of Home Church: _____

Are you aware that CCBC Italy is a new “campus plant?” Yes No

Are you willing to be a part of some of the challenges associated with a new campus on the mission field? Yes No

Medical Information (use additional paper if needed)

Are you in good health? Yes No Do you take any medications? If yes, please explain: _____

Have you had any major illnesses? If yes, please explain: _____

Do you have any physical disabilities? _____

Have you been, or are you presently under psychiatric or psychological care, or have you been in counseling or psychotherapy? If yes, explain: _____

Financial Responsibility

I understand that the 400 EUROS deposit, due at time of acceptance, is non-refundable and that the remaining tuition is due and payable either prior or during registration. I have read and understand the CCBC Italy refund policy as stated on the Schedule of Fees. I hereby apply to Calvary Chapel Bible College Italy. I will observe all regulations and uphold the standards of the college.

Signed: _____

Date: _____

Academic Progress Sheet

Completed and In Progress Classes

Student's Full Name: _____

Which semester will you be? 2nd 3rd 4th Other: _____

Seeking: Bachelors Associates Certificate of Completion

Required Courses (23 credits required to graduate):

Name of Course	Credits	Passed	In Progress	Semester Completed/In Progress (e.g. "Fall 2008")	Campus (e.g. "CCBC Marietta")
Gospel: _____	3.0	<input type="checkbox"/>	<input type="checkbox"/>		
Genesis	3.0	<input type="checkbox"/>	<input type="checkbox"/>		
Romans	3.0	<input type="checkbox"/>	<input type="checkbox"/>		
Acts	3.0	<input type="checkbox"/>	<input type="checkbox"/>		
Revelation/Eschatology	3.0	<input type="checkbox"/>	<input type="checkbox"/>		
Hermeneutics/IBS	2.0	<input type="checkbox"/>	<input type="checkbox"/>		
Apologetic Evangelism/Cults	2.0	<input type="checkbox"/>	<input type="checkbox"/>		
Biblical Missions/Missiology	2.0	<input type="checkbox"/>	<input type="checkbox"/>		
Church History	2.0	<input type="checkbox"/>	<input type="checkbox"/>		

Bible Elective Credits (15 credits required to graduate): *Only include Bible classes that are not on the Required Course list above.*

Number and Name of Course	Credits	Passed	In Progress	Semester Completed/In Progress (e.g. "Fall 2008")	Campus (e.g. "CCBC Marietta")
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Old Testament/New Testament Survey (12 credits required to graduate):

Name of Course	Credits	Passed	In Progress	Semester Completed/In Progress (e.g. "Fall 2008")	Campus (e.g. "CCBC Marietta")
OT301 (Gen – Job)	3.0	<input type="checkbox"/>	<input type="checkbox"/>		
OT302 (Psa – Mal)	3.0	<input type="checkbox"/>	<input type="checkbox"/>		
NT301 (Mat – Acts)	3.0	<input type="checkbox"/>	<input type="checkbox"/>		
NT302 (Rom – Rev)	3.0	<input type="checkbox"/>	<input type="checkbox"/>		

Practical Christian Ministry (4 semesters required to graduate):

	Credits	Passed	In Progress	Semester Completed/In Progress (e.g. "Fall 2008")	Campus (e.g. "CCBC Marietta")
1st Semester		<input type="checkbox"/>	<input type="checkbox"/>		
2nd Semester		<input type="checkbox"/>	<input type="checkbox"/>		
3rd Semester		<input type="checkbox"/>	<input type="checkbox"/>		
4th Semester		<input type="checkbox"/>	<input type="checkbox"/>		

Other Credits/Electives

Number and Name of Course	Credits	Passed	In Progress	Semester Completed/In Progress (e.g. "Fall 2008")	Campus (e.g. "CCBC Marietta")
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		



CALVARY CHAPEL BIBLE COLLEGE ITALY
Transfer Student Reference Form

Directions:

Student fills out Section 1 of this form. CCBC campus completes Sections 2, 3, & 4.

1. STUDENT INFO:

First Name: _____ Last Name: _____ Date: _____

Semester(s) Attended this Campus: _____

2. FINANCIAL STATUS:

Paid in Full for Current Semester? Yes No

Payment Plan Status: On Time Late

Signature of Campus Official: _____

3. M199 STATUS:

Area of Service: _____

Comments: _____

Supervisor's Signature: _____

4. BEHAVIORAL STATUS:

Comments: _____

Dean or Director's Signature: _____