

**ATTACH
PHOTO
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STUDENT APPLICATION

For enrollment to:

MORE THAN CONQUERORS COLLEGE

9335 Nations Ford Road

Charlotte, North Carolina 28273

Phone: 704-679-9122

Fax: 704-522-1106



Indicate Status (check one): Full-Time Part-Time

Indicate Program (check one):

- School of Christian Ministry AA
- School of Christian Ministry BA
- School of Christian Ministry MA
- School of Christian Ministry PH.D

- Basic Bible Curriculum Certificate
- Biblical Studies AA
- Continuing Education

Career Tech

- Computer Tech
- Medical Coding
- Small Business Development

Instructions

- Fill out application form in its entirety. The application must be complete to be processed. Forward completed application to the MTCC registrar.
- Attach a clear and recent wallet size photograph (preferably head and shoulders).
- Enclose a non-refundable \$35.00 fee with this application.

A. Personal Information

1. Name _____
Last First Middle

2. Mailing Address _____
() _____
City State Zip Code Telephone Number E-Mail Address

3. Birth Date _____ Place (City & State) _____

4. Age _____ Sex _____ Social Security Number _____

5. Marital Status: Single Married Widowed Divorced

6. Will your spouse be attending? Yes No N/A

7. Is your spouse in agreement for you to attend? Yes No N/A

8. Are you a veteran? Yes No

9. Citizen of the U.S.? Yes No Do you have your own visa? Yes No Race _____

10. Do you use tobacco? Yes No

11. Do you use intoxicating drinks or drugs? Yes No

12. Indicate hobbies or interests _____

13. When do you plan to start classes? _____

MORE THAN CONQUERORS COLLEGE is an equal opportunity Christian Educational Institution. Qualified applicants are admitted without regard to Race, Sex, Color, National Origin, Handicap Status, or Status as a Veteran.



B. Family Information

1. Father _____
2. Mother _____
3. Parent's Address _____
4. Spouse _____
5. Number and age of children _____

C. Educational Information

1. High school graduate: Yes No

	Name of Institution	Address of Institution	Dates Attended		Course of Study	Type of Degree	Date Received
			From	To			
High School							
College							
Trade School							
Other							

D. Employment Information

Name and address of present employer _____

_____ Telephone Number _____

Occupation _____ May we contact you at work? _____

E. References

List three persons (one relative, one friend, and one ordained minister) who have been acquainted with you over the last two years.

Name	Address	Occupation	Telephone



F. Medical History Record

Instructions: A recent history is required of each applicant. The student should complete this Medical History Form before attempting To complete enrollment. Each question must be answered.

In emergency notify _____
 Name Address Telephone Number

Parent or guardian _____
 Name Address Telephone Number

Family Physician _____
 Name Address Telephone Number

History of Diseases

Mark (X) on any of the following which apply now or which you have had in the past.

PAST	NOW		PAST	NOW		PAST	NOW	
_____	_____	Asthma	_____	_____	Nervousness	_____	_____	Frequent urination
_____	_____	Hay fever	_____	_____	Fainting or dizzy spells	_____	_____	Joint trouble
_____	_____	Frequent colds	_____	_____	Skin trouble	_____	_____	Indigestion
_____	_____	Persistent cough	_____	_____	Constipation	_____	_____	Scarlet Fever
_____	_____	Spitting of blood	_____	_____	Chicken pox	_____	_____	Diphtheria
_____	_____	Night sweats	_____	_____	Measles	_____	_____	Typhoid fever
_____	_____	Eye trouble	_____	_____	Measles (German rubella)	_____	_____	Pleurisy
_____	_____	Nasal obstruction	_____	_____	Mumps	_____	_____	Malaria
_____	_____	Thyroid disturbance	_____	_____	Tonsillitis	_____	_____	Dysentery
_____	_____	Convulsions	_____	_____	Infantile paralysis (polio)	_____	_____	Rheumatic fever
_____	_____	Palpitations of heart	_____	_____	Diabetes	_____	_____	Appendicitis
_____	_____	Shortness of breath	_____	_____	Epilepsy or convulsions	_____	_____	Veneral disease
_____	_____	Swelling of feet	_____	_____	Stomach ulcer	_____	_____	HIV Positive
_____	_____	Back trouble	_____	_____	Tuberculosis	_____	_____	Hepatitis (if yes,
_____	_____	Frequent headaches	_____	_____	Whooping cough	_____	_____	what type _____
			_____	_____	Small Pox	_____	_____	Other Illness _____

- Are you allergic to any antibiotics or other medications? (specify) _____
- Are you now under treatment? If yes, for what? _____
- Do you take medicine regularly? If yes, for what? _____
- Have you ever had a nervous breakdown? Yes No
- Have you ever been treated for an emotional disorder? Yes No
 If yes to any of the above, when? _____
 How long? _____ What institution? _____
 Diagnosis _____ Prognosis _____
- Height _____ Weight _____
- Do you have any specific weaknesses or limitations? _____
- Do you consider your health adequate for intensive school work? _____

Health records, as with all other materials submitted, are considered confidential and are not available for general use. The applicant is to sign below that you have read this statement and authorize the administrators to release necessary health information if they feel it imperative.

Applicant's signature

