

## CPM Bible College - ADMISSIONS APPLICATION

PERSONAL INFORMATION

Name: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
 \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
 State of Residence: \_\_\_\_\_ Citizenship: ☐ USA ☐ Other \_\_\_\_\_  
 Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower  
 Do you use alcohol, tobacco, or illegal drugs? ☐ Yes ☐ No  
 Ethnic Origin: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other \_\_\_\_\_  
 DOB: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year Occupation: \_\_\_\_\_  
 Name of Church: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

## ACADEMIC INFORMATION

ENROLLMENT INFORMATION

Intended Semester to Enroll    Fall 20 \_\_\_\_    Spring 20 \_\_\_\_    Summer 20 \_\_\_\_  
Degree Seeking Status:    First-Time Student \_\_\_\_    Transfer \_\_\_\_    Returning Student \_\_\_\_

\_\_\_\_ Biblical Studies/Theology  
Pastoral Ministries

☐ If accepted at CPM College, I agree to abide by the moral and educational standards of the college as defined in the College Catalog and Student Handbook. I certify that the answers in this application are true, Complete, and accurate to the best of my knowledge and belief.



## FAMILY INFORMATION

Name of Father/guardian \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Name of Mother \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Your Primary Residence (circle one) with both parents with mother with father other (specify) \_\_\_\_\_  
 Are your parents in agreement with your attending the CPM Bible College (circle one) Yes No  
 Has any member of your family ever applied to or attended the CPM Bible College (circle one) Yes No  
 How did you learn about the CPM Bible College (circle one) radio television print media word of mouth

## RELIGIOUS/SPIRITUAL EXPERIENCE INFORMATION

Name of Church \_\_\_\_\_ Address of Church \_\_\_\_\_  
 Telephone Number of Church \_\_\_\_\_ Number of Years in attendance \_\_\_\_\_  
 Name of Pastor(s) \_\_\_\_\_ Pastor's Telephone Number \_\_\_\_\_  
 Have you accepted Jesus Christ as your personal Lord and Savior? Yes No  
 Salvation Testimony \_\_\_\_\_

Do you attend church regularly? Yes No M T W TH F SA SU  
 Are you active in ministry? Yes No (List areas) \_\_\_\_\_  
 Please give a brief description of your Christian experience \_\_\_\_\_

In what Christian work have you participated? \_\_\_\_\_

Do you plan to enter full time ministry Yes No  
 If yes, in what capacity \_\_\_\_\_  
 Are you currently in full time ministry? Yes No (Describe your ministry) \_\_\_\_\_  
 Are you a licensed minister? Yes No (State and License Number) \_\_\_\_\_  
 Are you an ordained minister? Yes No (Ordination Official) \_\_\_\_\_  
 Date of ordination \_\_\_\_\_ Organization/Affiliation \_\_\_\_\_

Do you believe that the Bible is the infallible, inerrant Word of God?	Yes	No
Do you believe in the Trinity, God the Father, God the Son and God the Holy Spirit?	Yes	No
Have you been saved (born again) as Jesus taught in the Gospel of John?	Yes	No
Do you believe in the Holy Spirit as demonstrated in the book of Acts?	Yes	No
Do you believe that Jesus heals today?	Yes	No
Do you believe in the return of Jesus Christ to this earth?	Yes	No

## FINANCIAL INFORMATION

**Payment for all classes is the responsibility of the student or responsible party.** Arrangements for payment may be made prior to enrollment. It is your responsibility to find out the amount of tuition and all applicable fees.

The federal [Family Education Rights to Privacy Act](#) (FERPA) prohibits the college from releasing academic records without a student's written permission. Academic records may include the amount you owe in tuition, your student ID number, grades or transcripts. If someone is paying your tuition, you must take one of the following step: 1) Give the college written permission to release your records by completing and submitting a release form.

Responsible party's name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ How do you plan to finance your education? \_\_\_\_\_  
 Do you have any major outstanding debt? Yes No Do you need financial aid resource counseling? Yes No

## MEDICAL BACKGROUND

Do you have any present illnesses? Yes No \_\_\_\_\_  
 Do you have any history of any serious illnesses? Yes No \_\_\_\_\_  
 Do you have any significant allergies? Yes No \_\_\_\_\_  
 Are you presently taking any type of medications? Yes No \_\_\_\_\_  
 So you have any type of condition that limit your physical activities Yes No \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_



## SPECIAL CONSIDERATIONS

Do you have any significant physical or learning impairment? Yes No \_\_\_\_\_  
Have you ever been treated for any nervous, mental or emotional disorders? Yes No \_\_\_\_\_  
Have you ever used illegal drugs? Yes No \_\_\_\_\_  
Do you drink alcoholic beverages? Yes No \_\_\_\_\_  
Do you use tobacco in any form? Yes No \_\_\_\_\_  
Were you ever expelled, dropped or suspended in high school or college? Yes No \_\_\_\_\_  
Are you or have you ever been under supervision of a parole officer or court Yes No \_\_\_\_\_  
Have you ever been arrested? Yes No \_\_\_\_\_

## ADMISSION AGREEMENT

I certify that the information on this application is complete, accurate, truthful to the best of my knowledge. If admitted to the CPM Bible College, I will comply with the rules and standards, both on and off campus, I will be responsible for the payment of all financial obligations due and owing the college for tuition, books, fees relative to my college education and in accordance with the aims and obligations in the Catalog and the student handbook as long as I am enrolled as a student.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note, if the applicant is under 18 years of age, a parent or guardian is required to endorse the following statement.  
I support the rules and standards of CPM Bible College and desire that my son/daughter attend this institution.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

In order to process your application, a non refundable \$25.00 application fee must be paid at the time of completion.

CPM Bible College does not discriminate on basis of age, race, and color, national or ethnic origin or against otherwise qualified, physically challenged persons in its admission of students or employment of its faculty and staff.

CPM BIBLE COLLEGE 1206 FLORIDA BOULEVARD BATON ROUGE, LA 70802  
Mailing Address: Post Office Box 84062 Baton Rouge, Louisiana 70884  
[cpm1@ymail.com](mailto:cpm1@ymail.com) (225) 383-3170

## PASTOR RECOMMENDATION FORM

CPM BIBLE COLLEGE 1206 FLORIDA BOULEVARD BATON ROUGE, LA 70802  
Mailing Address: Post Office Box 84062 Baton Rouge, Louisiana 70884  
(225) 383-3170

### To be completed by the applicant

I hereby authorize the release of the following information to be considered in my application for admission to CPM Bible College. I understand that the information will be held in confidence and will not be released to me or anyone else. I understand the person completing this form will mail it directly to CPM Bible College.

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Applicant's Name (please print)

Signature of Applicant

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Street Address

City, State, Zip

Telephone Number

### To be completed by the person recommending the applicant

Please help us make an educated decision in the selection of students by filling out this form with fair, honest information regarding the applicant. Please include any information regarding the applicant's past that could negatively affect his or her time at CPM Bible College and/or be potentially detrimental to fellow students of the College. Also, please let us know his or her gifts, special talents or abilities. This information will be held strictly confidential and will not be made available to the applicant. Thank you for your assistance.

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Name (please print)

Signature of Applicant

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Street Address

City, State, Zip

Telephone Number



Today's date \_\_\_\_\_

## CPM BIBLE COLLEGE TRANSCRIPT REQUEST FORM

\_\_\_\_\_  
Last Name First M. I. Social Security Number

\_\_\_\_\_  
Name/Names your records could be under

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Send transcript now

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

**I authorize release of my transcript**

\_\_\_\_\_  
Last Semester Enrolled at School

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
Graduation Year (if applicable)  
(Required)

\_\_\_\_\_  
Please mail transcript to:

**CPM Bible College Post Office Box 84062 Baton Rouge, LA 70884**  
Name OR School Name

\_\_\_\_\_  
Address

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

**Release of Information: Purpose: Continuance of Education**

Office Use Only

Date mailed: \_\_\_\_\_

Registrar's Office  
CPM Bible College  
1206 Florida Boulevard  
Baton Rouge, Louisiana 70802  
(225) 383-3170