

**Application for Admission to
Charity Baptist Bible Institute**

Name: _____ Phone: _____

Street: _____ DOB: _____

City, State, Zip: _____ Male / Female

Email: _____

What church do you attend? _____

Your pastor's name: _____

Church street: _____

Church city, state, zip: _____

Church phone: _____

Please select one degree program you wish to be enrolled in:

Non-degree seeking. Just want to audit courses.

Associate of Divinity/Bachelor of Divinity (A.Div./B.D.)¹

Master of Theology (Th.M.)²

Doctor of Theology (Th.D.)³

1 - Choosing this will enroll you in both programs.

2 - You must already have earned a Bachelor's degree. Please include proof with your application.

3 - You must have already earned a Master's degree. Please include proof with your application.

*****You must include include a testimony of your salvation and a statement of why you wish to attend
CBBi with your application.*****

By placing my name below I am indicating that I have read the current CBBi catalog and agree to abide by all the policies of CBBi.

Print Name

Date Signed

Send the completed application to:

Charity Baptist Bible Institute

OR Via email to:

Attn: Dean

cbbi@charitybaptist.org

1600 Brownleigh Rd.

Kettering, OH 45429

CBBi Use Only:

Student admitted to requested program on: _____

Comments: _____