

## **CITY BIBLE INSTITUTE**

### ***"Initial Admissions Request Form"***

- **Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
  - **City/State/Zip** \_\_\_\_\_
- **Phone:** \_\_\_\_\_ **E- Mail:** \_\_\_\_\_
- **Age:** \_\_\_\_\_ **– Date of Birth:** \_\_\_\_\_
- **Current Religious Affiliation:** \_\_\_\_\_
- **If you hold Ministry Credentials, please list:**
  - \_\_\_\_\_ **with** \_\_\_\_\_
- **If you currently hold a Ministry position, please list**
  - \_\_\_\_\_ **with** \_\_\_\_\_
- **Educational Experience:**
  - **High School** \_\_\_\_\_ **Completed:**    **Y**    **N**
  - **College:** \_\_\_\_\_ **Years Completed** \_\_\_\_\_
  - **Bible College/ Institute/Correspondence:**    **Y**    **N**
    - **Program:** \_\_\_\_\_

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- 1. Fill out the above Initial Admission Request Form**
- 2. Mail this form to City Bible Institute at:**
  - a. City Bible Institute**
  - b. 4720 Jamieson**
  - c. St. Louis, Mo. 63109**
- 3. CBI will mail you an "ADMISSIONS FORM"**
- 4. Please call Rev. J.A. Oliver if you have questions**
  - a. 314-610-8734**