

# United American Free Will Baptist Bible College

A Member of the Mount Carmel Education Management Group, Inc.

P.O. Box 532, Havelock, NC 28532  
(252) 259-0202 Office (252) 631-5449 Fax  
www.uafwbcollege.com



## UAFWBBC Association Extension Organizations Program Application Form

### Institutional Data

Name of Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

### **A. Names of Officers**

Chief Executive Officer: \_\_\_\_\_

Chief Academic Officer: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_

Registrar: \_\_\_\_\_

### **B. Name of the Board Chair**

Board Chair: \_\_\_\_\_ Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### **C. Describe your Institutional Characteristics in terms of:**

1. Academic Calendar, e.g., semester breaks, etc. \_\_\_\_\_
2. Off-Campus Locations (name, city, state/province) (see definitions); List offerings, credentials (if applicable)  
[Attach separate sheet if necessary]
  - a. Branch Campuses \_\_\_\_\_
  - b. Additional Locations \_\_\_\_\_
  - c. Extension Classes \_\_\_\_\_
  - d. Distance Education (Method: i.e., correspondence, online) \_\_\_\_\_
3. Control/Affiliation
  - a. Give the name of the denomination by which your institution is controlled or to which it is closely affiliated. If none, write "independent." \_\_\_\_\_
  - b. If independent, identify the theological perspective to which your institution adheres, e.g., Baptist, Wesleyan. If course work is taught from an interdenominational perspective, write "interdenominational" or "nondenominational." \_\_\_\_\_

\_\_\_\_\_

4. College Courses to be taught other than UAFWBBC \_\_\_\_\_

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**A. Degrees, Diplomas, Certificates Requested** (See current Residential Course Catalog)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**B. Number of Student Ready to Enroll / Participate**

1. Associate Degree: \_\_\_\_\_

2. Bachelor Degree: \_\_\_\_\_

3. Master Degree: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Signature, Chief Executive Officer Telephone

\_\_\_\_\_  
Date

**Please Remit Application Form and \$500.00 Application Fee To:  
United American Free Will Baptist Bible Colleges  
P.O. Box 532  
Havelock, North Carolina 28532  
Attn: Director, Association Extension Organizations**

**Fax Application to: (252) 631-5449, (No response will be given until \$500.00 Application Fee is received)**