

Please consult the [catalog](#) for admissions requirements before completing this application.
 Answer all questions and fill in all blanks. Write NA if an item is not applicable to you.
PLEASE PRINT IN DARK INK IF SUBMITTING BY MAIL!

IDENTIFICATION						
FULL NAME:	Last	First	Middle (not initial)	Social Security Number		
Current Address:	Number, Street, Apartment	City	State	Zip Code	Phone	
Cell Phone	Email Address	Activity (Baseball, Basketball, Soccer, Volleyball)				
Date of Birth	Place of Birth:	City, State or Country	Country of Citizenship	Immigration Status		
Ethnic Background	Black, Non-Hispanic		American-Indian or Alaskan Native		Asian	
<i>You are advised that this "Ethnic Information" is voluntary: the information is collected for state/federal reporting requirements; and the information will not be used in a discriminatory manner.</i>	Pacific Islander				Hispanic	
Name of Father (or Guardian)		Name of Mother		Parents are:	Married	Divorced
Father's Address:		Number, Street, Apartment	City	State	Zip Code	Phone
Mother's Address: (If different from father's)		City	State	Zip Code	Phone	Email
Father's Occupation		Mother's Occupation		With whom do you live?		Relationship
PERSONAL						
Marital Status:	Married	Single	Full Name of Spouse			
Gender:	Male	Female				
Driver's License Number (State where issued)	Vehicle Make, Year, License Number, Color and State Registered				Auto Insurance Co.	
Hospitalization Insurance Company (include photo copy of I.D.)	Group	Individual		Have you used:	Alcohol	Yes
	Parents				Tobacco	Yes
					Non-Medical Drugs	Yes
Criminal Convictions? Describe briefly, give dates						
EDUCATIONAL						
High School Attending or Last Attended (official transcript required)	Date of Graduation	Admission Tests:		Give types, dates, and scores		
	Month	Year				
List all colleges, universities, and schools attended, in order, starting with the most recent. Colleges or universities (official transcripts required)						
1.		From	To:			
2.		From	To:			
3.		From	To:			
Has any school ever:	Dropped you from enrollment?	Yes	No	If yes, explain briefly.		
	Put you on probation?	Yes	No			
	Refused your application?	Yes	No			
Have you attended ABU before?	Yes	If yes give date	Have you requested all transcripts?	Yes	Transcripts sent by High School _____	
	No	From to	No			
RELIGIOUS						
Have you trusted Christ as your personal Savior?	At what age?					
Yes	No					
Where is your church membership?	Name?	How long?		Previous Church Membership.		
Are you in agreement with the doctrinal position of ABU?		Yes	No	If no, please explain.		

ENROLLMENT

Date of desired enrollment: 20_____	Fall Summer Spring	I will be seeking one of the following degrees: <input type="checkbox"/> Biblical Counseling <input type="checkbox"/> Online Biblical Counseling <input type="checkbox"/> Education <input type="checkbox"/> Business Studies <input type="checkbox"/> Children's Ministry <input type="checkbox"/> Student Ministry <input type="checkbox"/> Intercultural Studies <input type="checkbox"/> Interdisciplinary Studies <input type="checkbox"/> Online Interdisciplinary Studies <input type="checkbox"/> Music/Worship <input type="checkbox"/> Pastoral
--	--------------------------	--

FINANCIAL

Will you be applying for financial aid? Yes No	Veteran's benefits? Yes No	Are you in default on any kind of student loan? Yes No	Are you in default on payment to another college? Yes No	Have you applied for student financial aid elsewhere? Yes No
Briefly describe the nature and amounts of your total indebtedness.				
Will you be living on campus? Yes No	Will you have sufficient Funds to begin your first semester? (See catalog) Yes No	Will someone co-sign a promissory note with you? Yes No	If yes, name and relation.	

REFERENCES

Please provide a completed Recommendation form with your application. Form can be downloaded from our website at www.abu.edu under the Admissions tab, or you can pick one up in the Admissions office.

In signing this application:

- 1.) I agree to abide by the social, educational and spiritual standards of Arlington Baptist University including rules regulating dress and behavior on campus and off campus; ([See Student Handbook](#))
- 2.) I agree to meet the Christian service obligations as part of my academic program including active church membership, attendance and participation; ([See Christian Service Handbook](#))
- 3.) I promise to fulfill any and all financial obligations I make to the University; ([See Financial Services](#))
- 4.) I agree to the doctrinal position of the University; ([See Statement of Faith](#))
- 5.) I certify that the information contained in this application is true to the best of my knowledge. I understand that failure to complete requirements for admission to Arlington Baptist University, including transcripts from other schools and references as indicated above, could result in the rejection of my application or the cancellation of any enrollment.

Date _____ Signature of Applicant _____

Co-signer: For consideration of some financial aid programs. Co-signer hereby agrees to secure and meet any financial obligation made by applicant to Arlington Baptist University.

Date _____ Signature of Co-signer _____

Address _____ Phone _____

MAILING ADDRESS:
 ADMISSIONS OFFICE
 ARLINGTON BAPTIST UNIVERSITY
 3001 West Division
 Arlington, Texas 76012

Mail/Phone/Enclose: Application Fee - \$40
 Dorm Hold Deposit - \$40

Arlington Baptist University does not discriminate against individuals qualified for its programs, services, or employment because of race, color, sex, age, national origin, or handicap.

Updated 04/07/2021