

# Latin American Bible Institute

Office of Admissions

10822 FM 1560 N

San Antonio, TX 78254

800-577-5224

## *Application Process Guidelines*

- Print as neatly and as legibly as possible.
- Have high school and/or college transcripts sent directly to our office.
- Have Pastoral, Educator's, and Employer/Friend References sent directly to our office.
  - Give the individuals from whom you request references plenty of time to fill out the form and to send it to us.
  - As a courtesy to the individuals from whom you request references, provide them with an envelope with our address already printed on it, and with a stamp.
- Send a personal check, money order, or cashier's check for the \$25.00 application fee. **DO NOT SEND CASH.**
- Send all the items on the "Student File Checklist." We cannot process and review your application until we have received each of the items on that checklist.
- Call our office to ask about the status of your application, or to ask us to clarify any matter that is unclear to you. Ask for someone in admissions, or for the academic dean. We want to help you as much as we can at every step of your application process.

You will receive written notification of your acceptance or denial of acceptance to LABI. While we strive to provide you with a timely response, there are times when the application process is delayed; this delay can occur for a variety of reasons. If you feel your application process is taking an inordinately long amount of time, please contact our office and we will inform you of the status of your application.



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## Student File Checklist

- Application
- Application Fee \$25.00 (no cash please)
- Pastor's Reference
- Educator's Reference
- Employer's/Friend's Reference
- Journey of Faith Essay
- Medical Release and Information Sheet
- Transfer Clearance Form (if applicable)
- Official High-School Transcript
- Official College Transcript (if applicable)
- Affidavit of Support (non-US Citizens only)
- Completed I-20 Form (non-US Citizens only)

Note: An I-20 Form will be issued once all the items *on this checklist have been received by our office.*



**INSTRUCTIONS TO APPLICANT:** Please complete the following before distributing the form.

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Semester you will begin \_\_\_\_\_ Area of Study \_\_\_\_\_

**TO THE APPLICANT:** I understand this letter of evaluation is to be received and maintained by Latin American Bible Institute for admission consideration. I hereby expressly waive any and all rights of access to this evaluation under the Family Education Rights and Privacy Acts of 1974 and any/or all other laws, regulations or policies. I understand that the rights I am waiving included, but are not limited to, the right to inspect and review this letter, the right to have a copy of this letter made for my use, and the right to request an amendment of this letter.

I agree to waive access to this statement       I do not agree to waive this access to this statement

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS TO THE RECOMMENDER**

The student named above has applied for admission to Latin American Bible Institute and has requested that you give an evaluation. We would be grateful if you would give your frank evaluation of the applicant by responding to the questions listed below. Mail or deliver this completed form directly to LABI being, sure to **seal** and **sign** the flap to ensure confidentiality. Send to **LABI, Office of Admissions, 10822 FM 1560 N, San Antonio, TX 78254**. Thank you for your part in this important phase of the applicant's life.

**ASSESSMENT OF APPLICANT'S ABILITIES**

Category	Excellent	Good	Fair	Poor	Unknown
Mental Ability					
Initiative					
Persistence					
Financial Integrity					
Level of Responsibility					
Potential for Leadership					
Accepts Instruction					
Attitude Towards Authority					
Christian Character					
Emotional Disposition					
Study Habits					
Personal Appearance					
Speech Patterns					
Health					
Academic Readiness for College					
Ability to Relate to Peer Group					

**PERSONAL EVALUATION OF APPLICANT** (Use an additional sheet of paper if necessary.)

How long have you known the applicant? \_\_\_\_\_ In what capacity?

Do you know the applicant?  Well  Fairly Well  Casually  By name or sight

To the best of your knowledge, how long has the applicant been a believer?

If known, comment briefly on the family and social background of the applicant.

How would you describe the applicant's spiritual maturity?

Has the applicant been a faithful member at your church, including regular church and Sunday School attendance?

Is the applicant a faithful tither and giver of offerings?

Do you have any additional information you would like to communicate by telephone?  Yes  No

(If you answered yes, please contact the office of admissions at **1-800-577-5224**.)

Please use the space below to write any additional information you believe would aid the Admissions Committee about this applicant.

**RECOMMENDATION**

- Recommend with enthusiasm for admission to LABI
- Recommend with reservation for admission to LABI.
- Do not recommend for admission to LABI.

Name of Recommender

Position or Title: \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Health					
Academic Readiness for College					
Ability to Relate to Peer Group					

**PERSONAL EVALUATION OF APPLICANT** (Use an additional sheet of paper if necessary.)

How long have you known the applicant? \_\_\_\_\_ In what capacity?

Do you know the applicant?  Well  Fairly Well  Casually  By name or sight

How would you describe the applicant's overall ability?

Have you had the opportunity to evaluate the applicant's ability to write essays or a thesis paper? If so, how would you describe his/her writing ability?

Are there any academic weaknesses that you think will need to be addressed in order for the applicant to achieve his/her best at LABI?

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Phone \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Speech Patterns					
Health					
Academic Readiness for College					
Ability to Relate to Peer Group					

**PERSONAL EVALUATION OF APPLICANT** (Use an additional sheet of paper if necessary.)

How long have you known the applicant? \_\_\_\_\_ In what capacity?

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How would you describe the applicant as an employee?

Please comment on the punctuality of the applicant as an employee.

How would assess the quality of the applicant's work as an employee?

Do you have any additional information you would like to communicate by telephone?  Yes  No

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Position or Title

Name of Institution

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

Phone \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Journey of Faith Essay*

Applicant's Name:

Address:

City:

State:

Zip:

Phone:

Semester of entry to LABI:       Fall                       Spring

Give a brief testimony of when you accepted Christ as your personal Savior and what He means to you personally.

Tell about your personal goals and why you want to enroll at LABI.



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Medical Reference

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer Name and Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer Name and Phone \_\_\_\_\_

**In case of illness or injury and parent cannot be reached, please call:**

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Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital (in San Antonio) \_\_\_\_\_

Do you or have you had any of the following conditions:

Convulsive Disorder  Diabetes  Visual Problem  Heart Problem  Hearing Problem  Orthopedic Disability  Speech Problem

Other (Please Explain):

Do you have any special dietary needs? If so, please explain (use an additional sheet of paper if necessary).

Do you have any allergies? If so please explain (use an additional sheet of paper if necessary).

Do you take medication on a regular basis? If so explain (use an additional sheet of paper if necessary).

Additional Comments:

*Latin American Bible Institute does not assume any financial responsibility, but does wish to provide the best emergency service. By signing this form you are giving appropriate personnel authority to call EMS or obtain medical care your parent or the alternate adult cannot be reached. Note: If you are under 18 years of age this form must be signed by a parent of legal guardian.*

Student Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_



Attention Dean of Students:

\_\_\_\_\_ has applied to transfer to Latin American Bible Institute. We would appreciate you completing this form and returning it to the Academic Dean at your earliest convenience. This information is necessary before final action can be taken on the student's application. Thank you for your cooperation.

1. Do you believe this student's academic record to be a true index of his/her capacity?

\_\_\_\_\_Yes \_\_\_\_\_No

2. Has the student been on academic suspension or probation or received any disciplinary action?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain

3. Is this student on any academic or disciplinary probation now?

\_\_\_\_\_Yes \_\_\_\_\_No

4. Is this student financially clear to enroll at your college?

\_\_\_\_\_Yes \_\_\_\_\_No

5. Would you recommend this student to Latin American Bible Institute?

\_\_\_\_\_Yes \_\_\_\_\_No

Additional Comments:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

College \_\_\_\_\_

Please return to:

Admissions Office

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