

# APPLICATION



## Rock of Ages

College of Biblical Studies  
and  
Theological Seminary

PROVIDING LIFE CHANGING EXPERIENCES  
THROUGH BIBLICAL STUDIES

*Psalm 119:130 The entrance of thy words giveth light; it giveth understanding unto the simple.*





**ROCK OF AGES BIBLE INSTITUTE,  
COLLEGE OF BIBLICAL STUDIES  
AND THEOLOGICAL SEMINARY**

**P.O. Box 4419  
Dalton, GA 30719  
Phone (706) 459-3233**

**Revised October 2018**

***APPLICATION FOR ADMISSION***

**Please Print Clearly**

***Educational Goal?*** Check appropriate box that is your goal:

Year One    Associate    Bachelor's    Master's    Doctorate

Name \_\_\_\_\_

(Last)

(First)

(MI)

Address \_\_\_\_\_

(Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) (\_\_\_\_) \_\_\_\_\_ Phone (Other) (\_\_\_\_) \_\_\_\_\_

Include Area Code

Include Area Code

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_

Sex:  Male  Female

Marital status:  Married  Single  Widowed  Divorced

***Previous Education Information***

Years of high school completed \_\_\_\_\_  Diploma  GED

Name of High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## ***Church Information***

**Please Print Clearly**

Are you a Christian?  Yes  No Date saved \_\_\_\_\_

Are you a member of a Local Baptist Church?  Yes  No

Name of Church \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

### **All applicants MUST read and sign.**

The Rock of Ages Bible Institute, College of Biblical Studies and Theological Seminary reserve the right to accept or reject anyone at its own discretion without explanation. If you are accepted as a student, all courses must be completed in full and with a grade of 71 or above to receive a Certificate or Diploma. You may work at your own pace; however, work should be completed within a reasonable period of time. We must receive some kind of communication every two months notifying us that you are still studying by: e-mail, phone call, or the submission of a finished course.

1. All student material must be purchased and paid for in advance.
2. There will be no refunds for study material.
3. All tuition must be paid in full before issuing Certificates or Diplomas.
4. The Authorized King James Version is the only Bible acceptable for study in the Rock of Ages Bible Institute, College of Biblical Studies and Theological Seminary. Work from any other version will be counted as incorrect.
5. For admission and acceptance you MUST read and agree with our Statement of Faith.
6. We reserve the right to dismiss any student at any time where there is failure to follow instructions, policies, and practice of this institution.

**I have read and understand all of the above and I am in full agreement.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Please complete this questionnaire and return with your Application and Enrollment Fee of \$30.00.** This is necessary to begin your studies with The Rock of Ages College of Biblical Studies and Theological Seminary.

To be assured there is no misunderstanding on either your part or ours, please complete every question on this questionnaire concerning the Rock of Ages College of Biblical Studies and Theological Seminary.

1. Do you understand we are Baptist and not ecumenical?...  Yes  No
2. Have you read the entire catalog? .....  Yes  No
3. Do you understand we are a correspondence college only?  Yes  No
4. Do you understand we are not a Liberal Arts College?.....  Yes  No
5. Was the "*Questions Answered*" section helpful? .....  Yes  No
6. Do you understand that we are not accredited with any State Educational System? .....  Yes  No
7. Do you agree with our *Statement of Faith*? .....  Yes  No
8. Are the Study Guidelines and financial plan satisfactory?  Yes  No
9. Do you understand that failure to provide written communication with the "College" will result in you being placed on an inactive status? .....  Yes  No
10. Do you understand that when re-enrollment and/or re-activation is necessary, you will be under the guidelines of the current catalog? .....  Yes  No
11. Do you understand that if you are enrolling in a Degree Program, your original transcript(s) from your former college(s) is required? If the college(s) no longer exists a copy of your Earned Degree(s) must accompany this application. ....  Yes  No

**I have read and understand all of the above and I am in full agreement.**

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

<i>For office use only</i> <b>Date of Acceptance</b> _____
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# Transfer of Credit Hours

There is no charge for the transfer of credits from another college(s) to our college.

In order for credits to be transferred, an official transcript(s) must be received from the previous college(s). Credits to be transferred will be allowed **only** for subjects offered by Rock of Ages College of Biblical Studies and Theological Seminary. The transfer of credits will be at the discretion of the Administrative Staff.

Please list institutions that you will be contacting for transcripts.

<u>College(s)</u>	<u>Degree(s)</u>	<u>Hours</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any transferable credits must be submitted at the time of enrollment to be accepted.

The reason for this is that if you enroll with no credits being transferred you will be enrolled in the first year studies. We will give you basic courses of study in your first year.

Any credits that you would be transferring would be for courses that would probably be on that same level of study difficulty, or even the very same course. It would not be ethical to accept transfer credits for possibly duplicate studies on the same level.

If you are intending to transfer credits, be sure to contact the institution(s), immediately and request that they **send your transcript(s) directly to us**. We must receive your transcript(s) to review and determine your program of studies, before you will be allowed to begin your studies.

## *Life Experience Credits*

The following section only applies to those who wish to make application for credit hours, for their years of full-time Christian service.

There is a section in the catalog (pages 16-17) that explains in more detail the Life Experience credits.

If you have any questions you can give us a call or e-mail us, and we will do our best to answer your questions.

However, we must have validation of Life Experience from the place(s) of Christian service, in order to grant credit hours.

We are endeavoring to maintain a very high standard for Life Experience credits in order to maintain the integrity of the college. We want you to be honored to have earned a degree from Rock of Ages College of Biblical Studies and Theological Seminary, knowing that we do not award degrees freely. Those receiving a degree from Rock of Ages College of Biblical Studies and Theological Seminary will know they have earned it.

We want our students to have gained knowledge as a result of their time invested in their studies.

**Life Experience credits can only be granted at the time of enrollment.**

**If you are not applying for Life Experience Credits, do not fill out the following section.**

# *Life Experience Credits* **Application**

## Please Print Clearly

There will be a **one-time “non-refundable” fee of \$100.00** for Life Experience evaluation.

Name \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth \_\_\_\_\_ Male  Female

Date of Salvation \_\_\_\_\_

## Previous Education Information

Diploma  GED

Name of High School \_\_\_\_\_

College degree(s) if applicable \_\_\_\_\_

Positions recognized for full time Christian Service, Life Experience (provided there has been adequate involvement to justify credit) are as follows: preacher (Pastor, Assistant Pastor, Missionary, or Evangelist), Christian School teacher or principal, and other full time church related ministries.

**Applicant must have completed a minimum of 5 years total of qualifying service.** Each position listed for consideration of credit requires a letter of documentation from the place services were performed. The documentation must be signed by the present Leadership to be validated for credit.

Credit hours per year of qualifying service will be awarded up to but will not exceed the rate of six credit hours per year of service. A maximum of 60 hours can be awarded towards a Bachelor's degree. Qualifying hours will be determined by the Rock of Ages College of Biblical Studies and Theological Seminary Staff and Board of Regents.



# Life Experience Service

Position \_\_\_\_\_  
Place of Service \_\_\_\_\_  
Number of Years \_\_\_\_\_  
Dates of Service \_\_\_\_\_ to \_\_\_\_\_  
Give details of involvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of hours devoted daily \_\_\_\_\_  
Number of hours devoted weekly \_\_\_\_\_

Position \_\_\_\_\_  
Place of Service \_\_\_\_\_  
Number of Years \_\_\_\_\_  
Dates of Service \_\_\_\_\_ to \_\_\_\_\_  
Give details of involvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of hours devoted daily \_\_\_\_\_  
Number of hours devoted weekly \_\_\_\_\_

Position \_\_\_\_\_  
Place of Service \_\_\_\_\_  
Number of Years \_\_\_\_\_  
Dates of Service \_\_\_\_\_ to \_\_\_\_\_  
Give details of involvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of hours devoted daily \_\_\_\_\_  
Number of hours devoted weekly \_\_\_\_\_

# Life Experience Service

Position \_\_\_\_\_  
Place of Service \_\_\_\_\_  
Number of Years \_\_\_\_\_  
Dates of Service \_\_\_\_\_ to \_\_\_\_\_  
Give details of involvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of hours devoted daily \_\_\_\_\_  
Number of hours devoted weekly \_\_\_\_\_

Position \_\_\_\_\_  
Place of Service \_\_\_\_\_  
Number of Years \_\_\_\_\_  
Dates of Service \_\_\_\_\_ to \_\_\_\_\_  
Give details of involvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of hours devoted daily \_\_\_\_\_  
Number of hours devoted weekly \_\_\_\_\_

Position \_\_\_\_\_  
Place of Service \_\_\_\_\_  
Number of Years \_\_\_\_\_  
Dates of Service \_\_\_\_\_ to \_\_\_\_\_  
Give details of involvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of hours devoted daily \_\_\_\_\_  
Number of hours devoted weekly \_\_\_\_\_



# CONTACT INFORMATION

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**Phone: (706)459-3233**

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**Dr. Robert Keeton: Director of Education**  
**Dr. Fred Russell: Assistant Director of Education**  
**Dr. Deborah Keeton: Registrar**