Admission Application
The Baptist College of Florida

Completing the Application Process

1. Submit the completed application:
   • Answer all questions completely including any and all letters of explanation requested on the application.
   • Sign and date the application.
2. Submit the $25 application fee.
3. Give the Church and Pastor Recommendation Form and the Personal Recommendation Form to the proper persons and request they are returned to the Admissions Office as soon as possible.
4. Contact your high school or GED center and request an official academic transcript* to be sent to the Admissions Office.
5. Contact any other schools, colleges, or universities (including technical schools, military, dual enrollment, AP, Clep, etc.) you attended beyond high school and request official academic transcripts* to be sent to the Admissions Office.
6. All applicants must submit an official copy of test scores from either the American College Test (ACT) or the Scholastic Aptitude Test (SAT).
7. Every student is required to submit a BCF Immunization Form. As indicated by Rule 6C-6.001(5) Florida Administrative Code, you must submit proof of immunizations for measles and rubella before you can be accepted into an institution.

*Please note that for transcripts to be considered official, they must come in a sealed envelope and have the signature and seal of the registrar along with your graduation date. Transcripts must be final: showing neither incomplete grades nor courses in progress.

Required documents can be found at http://www.baptistcollege.edu/prospectivestudents.htm

If you have any questions, feel free to contact one of our Admissions Counselors:

Caitlyn Henry
Admissions Counselor
(800) 328-2660 ext. 485
cjhenry@baptistcollege.edu

Karl Hudson
Admissions Counselor
(800) 328-2660 ext. 462
kghudson@baptistcollege.edu
Welcome to the BCF family! This calendar is just a reminder of the events you will be taking part in when you arrive here on campus. May God continue to bless you as you begin your journey of “Changing the World Through the Unchanging Word”.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>August 8, 2016</td>
<td>Residence Halls Open</td>
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<tr>
<td>August 11-12, 2016</td>
<td>New Student Orientation</td>
</tr>
<tr>
<td>August 15, 2016</td>
<td>Class Work Begins</td>
</tr>
<tr>
<td>September 5, 2016</td>
<td>Labor Day Recess</td>
</tr>
<tr>
<td>September 13, 2016</td>
<td>CAAP Test</td>
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<tr>
<td>October 21, 2016</td>
<td>Preview Day</td>
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<tr>
<td>November 21-25, 2016</td>
<td>Thanksgiving Recess</td>
</tr>
<tr>
<td>December 5-7, 2016</td>
<td>Semester Exams</td>
</tr>
<tr>
<td>December 9, 2016</td>
<td>Fall Semester Graduation (10:00 am)</td>
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</table>

If you have any other questions, feel free to call the Student Services Office (Ext. 474) or the Registrar (Ext. 454). We are so excited to see what God is going to do through you while you are at BCF! Travel safe and we’ll see you soon.
BCF Mission Statement
The Baptist College of Florida shall operate within the confines of a Christian worldview to promote, provide for, operate, and control a program of education and training for Christian leaders through awarding certificates and associate, baccalaureate, and graduate degrees in a co-educational post-secondary setting.

To fulfill its mission, the college seeks to develop those qualities in students that contribute to effective ministry. In the area of personal growth, we seek to foster a desire for knowledge; develop cultural awareness by introducing students to a wide range of knowledge; nurture the ability to acquire, evaluate, assimilate, and use information; and promote personal and social maturity. For spiritual growth, we provide the resources for gaining biblical and religious data; we also assist students in learning and living the Christian life. In terms of professional growth, students are enabled to gain the credentials that enhance opportunities for ministry, and they learn to master a specialized body of knowledge. At the same time, we encourage positive attitudes toward ministry and foster both an awareness of and a loyalty to the Southern Baptist heritage.

Doctrinal Statement
1. The Bible is the divinely inspired and revealed Word of God.
2. God is the Holy Trinity: God the Father, God the Son, God the Holy Spirit.
3. Jesus is the Christ, the eternal Son of the living God, the Savior of men, born of a virgin, equal with the Father in every divine perfection, and the Lord of every Christian. The Lord Jesus Christ died on the cross, was buried, rose again the third day, and ascended to the right hand of God the Father, where He now sits in heaven as our Mediator. The return of the Lord Jesus Christ will be visible and personal. He has taught us to live in readiness to meet Him.
4. The Holy Spirit is a person, equal with the Father and the Son in every divine perfection, who convicts of sin, regenerates, enlightens, endues for service, comforts, and guides believers.
5. All have sinned, and therefore, are in need of salvation.
6. Salvation is by grace alone, is free to all who, through repentance and faith, surrender to the Lord Jesus Christ. All who have been born again are eternally secure and will persevere to the end.
7. Salvation precedes Scriptural baptism and church membership. Christ personally instituted the church, which He commissioned to make disciples of all nations, to baptize believers, and to teach them to do all things that He had commanded. There are only two Scriptural ordinances: believer’s baptism and the Lord’s Supper.
8. There are only two classes in God’s sight: saved and lost. The saved shall live eternally in conscious blessedness in heaven; the unsaved in conscious punishment in hell forever.
9. We hold these distinctive Baptist principles: “the absolute Lordship of Christ,” “the supreme authority of the Holy Scriptures,” “the competency of the individual soul,” “the necessity of regeneration for church membership,” “the complete separation of church and state,” and “the autonomy of the local church.”

"Changing the World Through the Unchanging Word"
Admissions Application

Personal Information

Name: ____________________________________________________________Soc. Sec. No.: ____________________________

Last First Middle / Maiden

Preferred Name: ________________________________________________ Sex: □ Male □ Female

Address: __________________________________________________________ City: __________________________ State: ____ Zip: _________

County: ___________________________ Home Phone: _____________ Cell Phone: ______________________

Email Address: __________________________________________________________

State of Residence: _______________ Citizenship: □ USA □ Other (Specify): __________________

Marital Status: □ Single □ Married □ Separated* □ Divorced* □ Widow/Widower

*If “separated” or “divorced”, please enclose a letter of explanation.

Spouse’s Name: __________________________________________________

Do you use alcohol, tobacco, or illegal drugs? □ Yes* □ No *If yes, please enclose a letter of explanation.

Address of a parent or nearest relative (other than spouse) that BCF may notify in case of emergency:

Name: ____________________________________________ Phone: ________________ Relation: ___________

Last First Middle

Address: ____________________________________________ City: ______________________ State: ____ Zip: _________

Church Information

Church Name: ________________________________________________ Telephone: _______________________

Address: ____________________________________________ City: ______________________ State: ____ Zip: _________

Denomination: ____________________________ Affiliated with Southern Baptist Convention? □ Yes □ No

Local Association: ____________________________ Pastor’s Name: ____________________________

Church Website (if known): ____________________________________________ Length of Membership? ____________

Academic Information

Please check highest level completed: □ Non-High School □ High School □ GED □ Some College □ College Graduate

High School: ___________________________ City, State: __________ Date Graduated: ______ Date GED Passed: ______

Have you taken the American College Test (ACT)? □ Yes □ No Date: _______ Composite Score: ______

Have you taken the Scholastic Aptitude Test (SAT)? □ Yes □ No Date: _______ Composite Score: ______

Have you taken the Graduate Record Examination (GRE)? □ Yes □ No Date: _______ Composite Score: ______

Please list all schools attended beyond high school. Attach an additional sheet of information if more space is needed.

1. ____________________________

2. ____________________________
Enrollment Information

Intended Semester: □ Fall 20____ □ Spring 20____ □ Summer 20____

Degree Seeking: □ First-time Freshmen □ Transfer □ Returning Student (Re-admit)

Special Applicant (if applicable): □ Dual-Enrolled □ Non-Degree □ Audit

Intended Major (Choose One):

- Master of Arts:
  - Christian Studies
  - Music and Worship Leadership

- Bachelor of Arts:
  - Biblical Studies
  - Business Leadership
  - Christian Studies
  - Elementary Education
  - English
  - English Secondary Education
  - History and Social Studies
  - History and Social Studies: Secondary Education
  - Leadership and Christian Education
  - Ministry

- Bachelor of Arts (continued):
  - Ministry Studies
  - Missions
  - Missions (Concentration in Aviation)
  - Music
  - Psychology

- Bachelor of Music:
  - Worship Leadership

- Bachelor of Music Education:
  - Choral □ Instrumental

- Associate:
  - Associate of Arts in Christian Education
  - Associate of Arts in Music
  - Associate of Divinity

Miscellaneous Program:
- □ Dual-Enrolled
- □ Non-Degree
- □ Audit
- □ Unknown/Undecided

Select your LOCATION of study:
- □ Graceville (Main Campus)
- □ Online
- □ Distance Site (select one):
  - Jacksonville
    - Fruit Cove Baptist Church
    - 501 SR 13 | Jacksonville, FL 32259
  - Orlando
    - First Baptist Church of Orlando
    - 3000 S. John Young Pkwy | Orlando, FL 32805
  - Panama City
    - Family of God Baptist Church
    - 901 East Business Hwy 98 | Panama City, FL 32401

Application Information

How did you hear about The Baptist College of Florida? ___________________________________________________

Please list three reasons why you chose to apply to The Baptist College of Florida:

1. _______________________________________________________________________________________________
2. _______________________________________________________________________________________________
3. _______________________________________________________________________________________________

Do you wish to be considered for financial aid? □ Yes* □ No

*If you wish to be considered for financial aid, please submit a Free Application for Federal Student Aid (FAFSA) to the Federal Student Aid Programs, PO Box 4032, Iowa City, IA 52243 or submit an application on-line at www.fafsa.edu.gov.

Legal History Information

Have you been convicted of, or pled no contest to, a felony? □ Yes □ No

*If yes, please enclose a letter of explanation. Give dates and important facts.

Personal Information

I hereby affirm that I have accepted Jesus Christ as my Savior and Lord and have surrendered my life for all that He desires to do in and through me.

Signature: ___________________________ Date: ___________________________

I further affirm that if accepted to The Baptist College of Florida, I agree to abide by the moral and educational standards of the college as defined in the College Catalog and Student Handbook. I understand once admitted, The Baptist College of Florida is authorized to use my likeness in promotional materials. I certify that the answers in this application are true, complete, and accurate to the best of my knowledge and belief.

Signature: ___________________________ Date: ___________________________

A Signature of a parent or guardian MUST be included here IF the student is under the age of 18.

Signature: ___________________________ Date: ___________________________

In compliance with federal law, including provisions of Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act 1973, The Baptist College of Florida does not illegally discriminate on the basis of race, sex, color, national or ethnic origin, age, disability, or military service in its administration of education policies, programs, or activities; admissions policies; or employment. Under federal law, the college may discriminate on the basis of religion in order to fulfill its purposes. Inquiries or complaints should be directed to Sandra Richards, Director of Enrollment Management and Marketing at (850) 263-3261, ext. 415.

The Baptist College of Florida
5400 College Drive | Graceville, Florida 32440-1898
(800) 328-2660 ext. 460 | (850) 263-9026 (fax) | www.baptistcollege.edu
Church & Pastor Recommendation for Admission to BCF

This recommendation is for the confidential use of the Admissions Committee of The Baptist College of Florida. This information will not be shared with the applicant nor other persons or institutions.

Applicant's Name ___________________________________________________________________________

Church Name _____________________________________________ Phone Number __________________

Church Address ____________________________________________________________________________

Street City State Zip

Having evidence that ______________________________________________, an applicant for admission to The Baptist College of Florida is:

• an individual of moral integrity exemplified in personal, family, and public life;
• an individual of commitment to the Christian faith as evidenced by participation in the life of this church;
• an individual of emotional stability who is responsible in church life; and,
• an individual whom this church would recommend for a responsible role of service.

We express our approval of the applicant’s desire to prepare for service, recommend the candidate for admission to The Baptist College of Florida, and pledge our continuing interest and prayerful support.

__________________________________________________________________________________________

Signature Title/Position

Pastor’s Name: _________________________________ Telephone Number: (____) _____________________

Please evaluate the applicant in the following areas:

(Please make comments on the back of this sheet for any "Below Average" or "Poor" responses)

<table>
<thead>
<tr>
<th>Character</th>
<th>Outstanding</th>
<th>Average</th>
<th>Below Average</th>
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<tr>
<td>Judgment</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Emotional Stability</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Maturity</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Commitment to Christian Service</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Potential for Effectiveness in Christian Service</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Academic Ability</td>
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<td>4</td>
<td>3</td>
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<tr>
<td>Scholastic Achievement</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Skill in Relating to Others</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Financial Responsibility</td>
<td>5</td>
<td>4</td>
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Do you know of any reason that the applicant may be hindered in effective service? □ Yes* □ No

*If yes, please elaborate on the back of this sheet

Would you recommend this person for a position upon completion of college training? □ Yes □ No

Do you recommend this person for admission? ________ If yes, check one:

□ With Enthusiasm □ With Confidence □ With Some Reservations □ With Reluctance □ Cannot Conscientiously Recommend

Pastor’s Signature ___________________________________________ Date _________________________

Thank you for your thoughtful response. Please return this form to the Office of Admissions:
The Baptist College of Florida | 5400 College Drive | Graceville, FL 32440-1898
1-800-328-2660 ext. 460 | (850) 263-3261 ext. 460
Fax: 850-263-9026
Personal Recommendation for Admission to BCF
This recommendation is for the confidential use of the Admissions Committee of The Baptist College of Florida. This information will not be shared with the applicant nor other persons or institutions.

Applicant's Name ____________________________________________

Recommender's Name ____________________________________ Telephone Number __________________

Address __________________________________________________________________________________
Street City State Zip

Employer/Job Title __________________________________________________________________________

How do you know and how long have you known the applicant? ____________________________________

Has the applicant discussed his/her ministerial goals with you? □ Yes □ No □ Occasionally

Please evaluate the applicant in the following areas:
(Please make comments on the back of this sheet for any "Below Average" or "Poor" responses)

<table>
<thead>
<tr>
<th>Character</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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<th>Judgment</th>
<th>Outstanding</th>
<th>Above Average</th>
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<th>Below Average</th>
<th>Poor</th>
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<th>Emotional Stability</th>
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<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
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<th>Below Average</th>
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<th>Below Average</th>
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<th>Below Average</th>
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<tr>
<th>Skill in Relating to Others</th>
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Do you know of any reason that the applicant may be hindered in effective service? □ Yes* □ No
*If yes, please elaborate on the back of this sheet

Would you recommend this person for a position upon completion of college training? □ Yes □ No

Additional Comments: _______________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Do you recommend this person for admission? ________ If yes, check one:
□ With Enthusiasm □ With Confidence □ With Some Reservations □ With Reluctance □ Cannot Conscientiously Recommend

Recommender’s Signature ________________________________________________ Date _______________
BCF Immunization Form

All immunization and vaccination recommendations follow CDC guidelines found at http://www.cdc.gov/vaccines/pubs/vis/default.htm

No recommendations about specific diseases, immunizations, vaccinations contained herein are made by The Baptist College of Florida.

Print all information legibly. Provide first name, middle initial, last name, DOB, and intended entrance semester.

Name: ___________________________________________________ Date of Birth: _____________________

Intended Semester: □ Fall 20____ □ Spring 20____ □ Summer 20____

Measles and Rubella Immunizations (Required for EVERYONE born after Dec. 31, 1956)

1. MMR: This combination vaccine is often given because it can protect from measles, mumps, and rubella. The vaccines are required for entry into BCF. Children must receive two doses at least 28 days apart as per CDC guidelines.

2. Measles (Rubeola): Two doses are required.

3. Rubella (German Measles): One dose is required.

   1. MMR (Measles/Mumps/Rubella) or 2. Measles (Rubeola) and 3. Rubella (German Measles)

   Dose 1 Date: ____/____/____ Dose 1 Date: ____/____/____ Dose 1 Date: ____/____/____

   Dose 2 Date: ____/____/____ Dose 2 Date: ____/____/____ Dose 2 Date: ____/____/____

This Section is required. READ CAREFULLY. You must either have the vaccines or sign a waiver stating you have read about these diseases and declined the vaccines.

1. Menomune/Menactra (meningococcal meningitis vaccine): The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshmen planning to live in campus dormitories/residence halls. Students wishing to decline the vaccine must first read the information in the box below. Signing the waiver indicates that you understand the possible risk involved in not receiving this vaccine. If you are under the age of 18, a parent or legal guardian must sign the waiver for you.

   Menomune/Menactra (for meningococcal meningitis) Date: ____/____/____ or Read and Sign waiver below.

   Waiver Statement - Meningococcal Meningitis: College students, especially freshmen living in residence halls, are at a slightly increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Two vaccines are currently available that decrease, but do not completely eliminate, a person’s risk of acquiring meningococcal meningitis. Meningitis is an infection of fluid surrounding the brain and spinal cord. Meningococcal disease also causes blood infections. It can cause death as well as loss of arms or legs, deafness, nervous systems problems, mental retardation, seizures or strokes. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn’t get the vaccine and protect about 90% of those who do get it.

   __________ (initial) I have read the information provided above and I decline receipt of vaccine for meningococcal meningitis.

2. Hepatitis B (HBV): The CDC encourages you to receive this series. Students in many academic programs are required to have the HBV series. Students wishing to decline this vaccine must read the information provided below. Signing the waiver indicates that you understand the possible risk involved in not receiving this immunization. If you are under the age of 18, a parent or legal guardian must sign the waiver for you.

   Hepatitis B Dose 1 Date: ____/____/____ Dose 2 Date ____/____/____ Dose Date 3 ____/____/____

   or Read and Sign waiver below.

   Waiver Statement - Hepatitis B: Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired.

   __________ (initial) I have read the information provided above and I decline receipt of vaccine to protect against Hepatitis B.
Immunization Required for International Students

Tuberculosis Skin Test (PPD by Mantoux, current within last year) Note: If both PPD and MMR are given, they must be given on the day for the PPD to be accurate given 30 days apart. PPDs must be read between 48-72 hours of administration. The result must be listed in "mm" in the space provided below. If the PPD is positive, attach a copy of chest x-ray report.

Date Placed: ____/____/____  Date Read: ____/____/____  Result: ____________ mm [ Neg: ____  Pos: ____ ]
If positive PPD, date of chest x-ray: ____/____/____  (Must send copy of chest x-ray report)

Recommendations for good health (not mandatory)

1. Td (Tetanus/Diphtheria) OR Tdap (Tetanus/Diphtheria/Acellular Pertussis) booster shot within the past 10 years. Space is provided below to record this information.

2. Mumps. [The MMR includes this protection.] Space is provided to record this information if given in a single dose.

<table>
<thead>
<tr>
<th>1. Td (Tetanus/Diphtheria)</th>
<th>OR</th>
<th>2. Tdap (Tetanus/Diphtheria/Pertussis)</th>
<th>3. Mumps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose Date: <strong><strong>/</strong></strong>/____</td>
<td>Dose Date: <strong><strong>/</strong></strong>/____</td>
<td>Dose Date: <strong><strong>/</strong></strong>/____</td>
<td></td>
</tr>
</tbody>
</table>

An MD office, clinic, or health department "official stamp" AND official signature must be included for this document to be complete and approved.

<table>
<thead>
<tr>
<th>Name of Public Health Clinic or Physician (Office Stamp)</th>
<th>Physician or Authorized Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

REQUIRED Signature of Student

Signature of Student (if under 18 parent/guardian must sign): ____________________________________________ Date: ______________

A Signature of a parent or guardian MUST be included here IF the student is under the age of 18

Medical Consent (for students under 18): I hereby authorize The Baptist College of Florida to secure diagnostic procedures by medical professionals necessary to treat my child. I grant permission for the transfer of my child to an accredited hospital or other care facility if deemed necessary by the medical or mental health provider.

Signature of Parent or Guardian: ____________________________________________ Date: ______________

Accurate and Complete Immunization Information is Required PRIOR to Registration

*PLEASE KEEP A COPY OF BOTH PAGES FOR YOUR RECORDS*

All immunization and vaccination recommendations follow CDC guidelines found at http://www.cdc.gov/vaccines/hcp/vis/index.html

No recommendations about specific diseases, immunizations, vaccinations contained herein are made by The Baptist College of Florida.

Office of Admissions
The Baptist College of Florida
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