Life Christian University

THE APPLICATION PROCESS - DEGREE STUDENTS

1. **Completely fill out the application.**

   IMPORTANT: Use the *Degree Student* application if you desire to work toward your academic degree. Use the *Audit Student* application if you are working toward an Audit Student's Certificate of Attendance.

   Any omissions will cause the application to be returned to you, and your enrollment will be delayed.

2. **Contact each college, university or institute of ministry that you have previously attended. Have them send transcripts to your campus. You are responsible for following up with the Director to determine whether all of your transcripts have been received. To avoid a $65 Reassessment Fee, all transcripts must be received at your campus within 60 days of your enrollment date.**

3. **If transcripts from an <u>accredited</u> college or university will not be provided, please submit one of the following proofs of high school graduation (not necessary for Audit students).**

   A) Diploma (a photocopy is acceptable)
   B) G.E.D. (a photocopy is acceptable)
   C) Or Equivalent (official documents are required)

4. **Read the *Student Handbook and Course Catalog* and sign the Student Handbook Affidavit on the last page.**

5. **Submit completed application form to the Director no later than the first night of class. Include a payment of $40.00, payable to your campus, to cover the application and evaluation process.**

©2015 Life Christian University

FOR MAIN CAMPUS USE ONLY				
STUDENT ID	DATE RECEIVED	DATE ENTERED INTO C-R	ENTERED BY	INITIAL ROLES ☐ STUDENT ☐ HOST PASTOR ☐ ADMINISTRATOR ☐ ADVISOR ☐ FACULTY ☐ DIRECTOR ☐ HQ STAFF MEMBER
CAMPUS CODE	DATE APPROVED	DATE ASSESSED	ASSESSED BY	DESIGNATED STUDENT ADVISOR

Life Christian University

DEGREE STUDENT APPLICATION

IMPORTANT:

- Please PRINT or TYPE.
- ANSWER ALL QUESTIONS. Applications will not be processed nor academic standing be assessed unless all questions are answered and the application signed and dated by the applicant.
- Do not leave any question blank. Put "N/A" if an item does not apply.

1. PERSONAL INFORMATION

☐MR. ☐MS. ☐MRS. ☐REV. ☐MISS ☐DR.	LAST NAME	FIRST NAME	M.I.	☐ SR. ☐ JR. ☐ _____	MAIDEN NAME, IF APPLICABLE	PRI. LANGUAGE ☐ ENGLISH ☐ SPANISH
MAILING ADDRESS	CITY	STATE / PROVINCE	POSTAL CODE	COUNTRY		
HOME AREA CODE & PHONE NUMBER	WORK AREA CODE & PHONE NUMBER	CELLULAR AREA CODE & PHONE NUMBER				
PRIMARY E-MAIL ADDRESS	SECONDARY E-MAIL ADDRESS					

GENDER ☐ MALE ☐ FEMALE	MARITAL STATUS ☐ SINGLE ☐ MARRIED	RACE ☐ CAUCASIAN ☐ HISPANIC ☐ BLACK ☐ ASIAN ☐ NATIVE AMERICAN ☐ OTHER	CITIZEN OF ☐ USA ☐ OTHER (PLEASE SPECIFY)	PLACE OF BIRTH	DATE OF BIRTH (MM / DD / YYYY)
EMERGENCY CONTACT NAME	CONTACT AREA CODE AND PHONE NUMBER	CONTACT RELATIONSHIP			

2. CHURCH BACKGROUND / MEMBERSHIP & MINISTRY EXPERIENCE

CHURCH BACKGROUND / DENOMINATION	
CHURCH PRESENTLY ATTENDING	PASTOR'S NAME

CURRENT MINISTRY STATUS, IF ANY	☐ SENIOR PASTOR ☐ ASSISTANT PASTOR ☐ MISSIONARY	☐ EVANGELIST ☐ ITINERANT TEACHER ☐ CHILDREN'S MINISTER	☐ YOUTH MINISTER ☐ MUSIC MINISTER ☐ LAY MINISTER	☐ CHURCH / MINISTRY ADMINISTRATOR ☐ CHAPLAIN ☐ CHRISTIAN BROADCASTING	☐ OTHER (PLEASE SPECIFY) ☐ N / A

MINISTRY CREDENTIALS? ☐ LICENSED ☐ N / A ☐ ORDAINED	CREDENTIALING ORGANIZATION	PAST MINISTRY INVOLVEMENTS	☐ PASTORAL ☐ TEACHER ☐ EVANGELISM	☐ RADIO / TV ☐ N / A ☐ OTHER (SPECIFY):	MINISTRY START DATE (MM / YYYY)

3. EDUCATIONAL INFORMATION

HAVE YOU PREVIOUSLY ATTENDED LIFE CHRISTIAN UNIVERSITY OR LIFE CHRISTIAN BIBLE INSTITUTE? ☐ YES ☐ NO

HIGH SCHOOL NAME*	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	STUDY EMPHASIS	DID YOU GRADUATE? ☐ YES ☐ NO ☐ DIPLOMA ☐ G.E.D.
SCHOOL NAME**	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	MAJOR	DIPLOMA / DEGREE EARNED

ALL EDUCATIONAL BACKGROUND MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:

*If you have not attended an accredited college or university, you must send a photocopy of your high school transcript, diploma, or GED.

**List all schools including Bible institutes, Bible colleges, other colleges or universities. Must have original, sealed, official transcripts sent directly to your local campus.

NOTE: It is the applicant's responsibility to order, pay for, and—if necessary—follow-up on all transcripts ordered.

©2015 Life Christian University

4. PLEASE STATE YOUR SALVATION TESTIMONY

5. PLEASE BRIEFLY STATE YOUR EDUCATIONAL & MINISTRY GOALS

©2015 Life Christian University

Non-Discrimination Policy

This institution does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students.

Privacy Rights of Students

STATUTE 20, UNITED STATES CODE, §1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (i.e., the IRS, FBI, or other government agencies, and for use in institute publications). We have identified the following student data as "directory information:"

1. **Name**
2. **Address**
3. **Telephone Listing**
4. **Race**
5. **Date & Place of Birth**
6. **Major Field of Study**
7. **Church Membership**
8. **Denominational Affiliation**
9. **Dates of Attendance**
10. **Degrees & Awards Received**
11. **Most Recent Previous Educational Institution Attended**

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT BEFORE SIGNING.

1. **I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance into the academic program.**
2. **I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, §1232g.**

_____

SIGNATURE **DATE**

Make a payment of $40 for your application fee, payable to your campus.
Submit this completed application to the Director.

©2015 Life Christian University