



Life Christian University

THE APPLICATION PROCESS - DEGREE STUDENTS

- 1. Completely fill out the application.**

IMPORTANT: Use the *Life Christian University* application if you desire to work toward your college degree. Use the *LCU Audit Student* application if you are working toward an Audit Student's Certificate of Completion.

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

- 2. Send a transcript request form to each college, university or institute of ministry that you have previously attended. Have them send transcripts to your local campus. You are responsible for following up with your Campus Director to determine whether all of your transcripts have been received. To avoid a \$50 Reassessment Fee, all transcripts must be received at your local campus within 60 days of your enrollment date.**
- 3. If transcripts from an accredited 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 transcripts are required)**
- 4. Submit completed application form to your Campus Director no later than the first night of class. Include a payment of \$35.00, payable to your local campus, to cover the application and evaluation process.**



Life Christian University

STUDENT APPLICATION

Date: _____

Campus Code: _____ - _____

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

STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE
MAILING ADDRESS			CITY	STATE / PROVINCE	POSTAL CODE	
COUNTRY		HOME AREA CODE & PHONE NUMBER		WORK AREA CODE & PHONE NUMBER		
BIRTHDATE (MM / DD / YYYY)	PLACE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN		
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	OCCUPATION		U.S. CITIZEN? <input type="checkbox"/> YES IF NO, WHAT COUNTRY? <input type="checkbox"/> NO		
CHURCH BACKGROUND / DENOMINATION	CHURCH PRESENTLY ATTENDING			PASTOR'S NAME		
PERSON TO NOTIFY IN CASE OF EMERGENCY			RELATIONSHIP	AREA CODE & PHONE NUMBER		

2. MINISTRY EXPERIENCE

CURRENT MINISTRY STATUS, IF ANY	<input type="checkbox"/> SENIOR PASTOR	<input type="checkbox"/> MISSIONARY	<input type="checkbox"/> ITINERANT TEACHER	<input type="checkbox"/> YOUTH MINISTER	<input type="checkbox"/> CHAPLAIN	<input type="checkbox"/> CHURCH / MINISTRY ADMINISTRATOR	<input type="checkbox"/> N / A
	<input type="checkbox"/> ASSISTANT PASTOR	<input type="checkbox"/> EVANGELIST	<input type="checkbox"/> CHILDREN'S MINISTER	<input type="checkbox"/> MUSIC MINISTER	<input type="checkbox"/> LAY MINISTER	<input type="checkbox"/> OTHER (PLEASE SPECIFY)	
ARE YOU CURRENTLY LICENSED OR ORDAINED?	<input type="checkbox"/> LICENSED <input type="checkbox"/> N / A <input type="checkbox"/> ORDAINED	CREDENTIALING ORGANIZATION		PAST MINISTRY INVOLVEMENTS	<input type="checkbox"/> PASTORAL <input type="checkbox"/> EVANGELISM <input type="checkbox"/> OTHER (SPECIFY):	NUMBER OF YEARS IN MINISTRY?	
				<input type="checkbox"/> TEACHER <input type="checkbox"/> RADIO / TV			

3. EDUCATIONAL INFORMATION

HAVE YOU PREVIOUSLY ATTENDED LIFE CHRISTIAN UNIVERSITY OR LIFE CHRISTIAN BIBLE INSTITUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HIGH SCHOOL NAME*	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	STUDY EMPHASIS	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> DIPLOMA <input type="checkbox"/> NO <input type="checkbox"/> 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:

**List schools including Bible Institutes, Bible Colleges, other Colleges or Universities. Must have original, sealed, official transcripts sent directly to your local campus.

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

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

4. SALVATION TESTIMONY

PLEASE STATE YOUR SALVATION TESTIMONY

5. EDUCATIONAL & MINISTRY GOALS

PLEASE BRIEFLY STATE YOUR EDUCATIONAL & MINISTRY GOALS

Non-Discrimination Policy

Life Christian University 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 of the University.

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 LCU publications). LCU has identified the following student data as "directory information:"

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

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 to the University.
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 \$35 for your application fee, payable to your local campus.
Submit this completed application to your Campus Director.*