

APPLICATION FOR ADMISSION
FRIENDS INTERNATIONAL CHRISTIAN UNIVERSITY

Name: _____
(Last, First and Middle)

Preferred Name: _____ Social Security Number: _____

Other names under which your transcript(s) may be listed: _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____

Sex: Female Male Date of Birth (month/day/year) _____

Email Address: _____

Country of Citizenship: _____ Is English your primary language?

Marital status: Single Engaged Married Separated Divorced Widowed

Name of spouse (if applicable): _____

Number of Children: _____ Ages _____

Name, address, and phone of person to notify in case of an emergency:

Please list the names and relationship of any relatives who have attended or are attending FICU.

1. _____ 2. _____ 3. _____

The following questions are used for statistical purposes only. You are not required to complete this section of the application. If you complete this section, the information will not be used in evaluating your application for enrollment. FICU does not discriminate against applicants on the grounds of race, color, sex, age, national origin, disability, or veteran status.

Denomination:

Church you attend: _____

Pastor's Name: _____

Mailing Address: _____

Are you a member?

Name, title, address and phone number of three (3) personal references besides your Pastor/Bishop/Leader (must be in leadership):

EMPLOYMENT/SERVICE

PLEASE COMPLETE THIS SECTION, EVEN IF A CURRENT RESUME WILL ALSO BE SUBMITTED.

CURRENT EMPLOYER:

Name of Employer: _____

Position Held: _____

Employer Address: _____

Month/Year: _____ to Month/Year: _____

Brief Job Description/Duties: _____

PREVIOUS EMPLOYER #1:

Name of Employer: _____

Position Held: _____

Employer Address: _____

Month/Year: _____ to Month/Year: _____

Brief Job Description/Duties: _____

PREVIOUS EMPLOYER #2:

Name of Employer: _____

Position Held: _____

Employer Address: _____

Month/Year: _____ to Month/Year: _____

Brief Job Description/Duties: _____

PREVIOUS EMPLOYER #3:

Name of Employer: _____

Position Held: _____

Employer Address: _____

Month/Year: _____ to Month/Year: _____

Brief Job Description/Duties: _____

MILITARY INFORMATION (If you are a veteran, please complete the following)

Branch of Service: _____

Month/Year: _____ to Month/Year: _____

Discharge: Honorable Other _____

Are you eligible for VA educational benefits Yes No

EDUCATIONAL INFORMATION

COLLEGES ATTENDED:

Institution Name: _____

Institution City, State: _____

GPA: _____ Hours Attended: _____ Official Transcript to be sent? _____

Degree Completed: Yes No Date of Completion: _____

Institution Name: _____

Institution City, State: _____

GPA: _____ Hours Attended: _____ Official Transcript to be sent? _____

Degree Completed: Yes No Date of Completion: _____

Institution Name: _____

Institution City, State: _____

GPA: _____ Hours Attended: _____ Official Transcript to be sent? _____

Degree Completed: Yes No Date of Completion: _____

PERSONAL INFORMATION

Why do you want to attend Friends International Christian University?

What are your academic and profession goals? Please list short- and long-term goals.

DEGREE INTENTIONS:

Department of Biblical Studies

Choice #1:

Choice #2:

Emphasis:

Emphasis:

Department of Biblical Counseling

Choice #1:

Choice #2:

Emphasis:

Emphasis:

Department of Church Administration

Choice #1:

Choice #2:

Emphasis:

Emphasis:

Department of Religious Education

Choice #1:

Choice #2:

Emphasis:

Emphasis:

Department of Theology

Choice #1:

Choice #2:

Emphasis:

Emphasis:

Department of Religious Fine Arts

Choice #1:

Choice #2:

Emphasis:

Emphasis:

CURRENT MINISTRY STATUS (check all that apply)

Are you a minister? Yes No (Ordained Licensed)

Credentials issued by: _____

Denominational background:

(If other, please list): _____

IF YOU ARE CURRENTLY INVOLVED IN MINISTRY, WHAT IS YOUR ROLE?

If other, please list: _____

◆ **IF YOU ARE CURRENTLY SENIOR PASTOR, PLEASE SUPPLY THE FOLLOWING INFORMATION:**

Church Name: _____

Mailing Address (City, State, Zip): _____

Phone: _____ Fax: _____ Cell: _____

E-mail address: _____ Website address: **www.** _____

STATEMENT OF TRUTH

I understand that all items submitted to Friends International Christian University as part of the application process become the permanent property of FICU and will not be returned to me.

I hereby state that the information contained in this application is correct and true. If FICU is notified that any information contained herein is false, it will be grounds for my immediate denial or dismissal. I also understand that completion of this application in no way guarantees or implies acceptance and/or enrollment as a student at FICU. To qualify for admission to FICU, you must be a member of the Body of Christ.

I **am** a member of the Body of Christ

I **am not** a member of the Body of Christ

I declare that all information given to be true to the best of my knowledge.

Signature / Date

PLEASE REMIT APPLICATION/REGISTRATION FEE OF \$110.00 WITH THIS APPLICATION

For Office Use Only

Acceptance Date ___ / ___ / ___

Application & Registration Fee paid by

Cash

Check

Money Order

Credit Card

Affiliate Center: _____

Advisor: _____

Faculty Acceptance: _____

Application/Registration Fee Payment

For Your Convenience We Accept

American Express

Discover Card

MasterCard

Visa

Card Number: _____

Expiration Date: _____

Billing Zip Code: _____

Amount Authorized: _____

Authorizing Signature: _____