

LEGACY

CHRISTIAN UNIVERSITY



Application for Admission- Enrollment Agreement

Please fill-out entire form, sign and return with \$30 application fee to address at the end.

Degree Applying For: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Master of Arts in Biblical Studies | <input type="checkbox"/> Bachelor of Arts in Religion |
| <input type="checkbox"/> Master of Arts in Pastoral Ministry | <input type="checkbox"/> BA in Business Administration |
| <input type="checkbox"/> Master of Arts in Christian Education | <input type="checkbox"/> BA in Interdisciplinary Studies |
| <input type="checkbox"/> Master of Arts in Theology | <input type="checkbox"/> Certificate in Biblical Studies |
| <input type="checkbox"/> Graduate Certificate in Biblical Languages | <input type="checkbox"/> Certificate in Office Administration |
| | <input type="checkbox"/> Associate of Arts General Studies |

For Office Use Only: Application Date _____ Undergrad _____

Acceptance Date _____ Graduate _____

Applicant Information:

Title _____ Last Name _____ First Name _____

Middle Name _____ Maiden Name _____

Are you transferring credits from another institution? Yes/No _____ Which one? _____

Permanent Address _____

City _____ State _____ ZIP _____ - _____

Primary Phone _____ (Is this a cellphone? Yes/No)

Alternate Phone _____ (Is this a cellphone? Yes/No)

Do you use texting? (Yes/No) If so, please list cell service provider _____

Primary E-mail Address _____

Alternate E-mail Address _____

Marital Status _____ Spouse's name _____

Applicant Soc. Security # _____ Gender _____

Date of Birth _____ Race: _____ Ethnicity _____

Citizenship _____ Non Resident Alien (true or false) _____

Present Occupation _____

Place of Employment _____ Work Phone _____

United States Veteran: Yes/No _____ Veteran of: _____

United States Active Duty: Yes/No Active Duty Branch _____

A member of the National Guard: Yes/No Reserves: Yes/No

Spouse or Dependent of Veteran/Active Duty: Yes/No Receiving Veteran Benefits: Yes/No

Church Information:

Application for Admission (page 2)

Name of Church Where You Are a Member _____

Denomination _____ Senior Pastor's Name _____

Church's Phone _____ Complete Church Address _____

Guardian Information (if under 18)

Last Name _____ First Name: _____ Middle _____

Guardian Email Address: _____

Guardian Permanent Address: _____

Social Background Record

Have you ever been placed on disciplinary probation or suspended from a high school or college? _____
If so, please explain: _____

Have you ever been arrested and/or convicted of a felony? _____ If so, please explain: _____

Schools Attended:

	Name and Address	State	Dates Attended	Degree Earned
High School				
College				
Other				

Please send a Request for Transcript form to the schools listed above to request that official transcripts be sent to LCU.

Upon acceptance into LCU, I agree to give cheerful obedience and cooperation to the regulations of Legacy Christian University.

Signature (form is not valid without student's signature) Date

Parent's Signature for students under 18 years of age Date

Please fill out entire form, sign and **return with \$30 application fee** to address below.