

APPLICATION FOR GRADUATE ADMISSION



HERITAGE
CHRISTIAN UNIVERSITY

Please
attach or
email a
photo

** This application MUST be accompanied by a \$25 non-refundable application fee in order to be processed.*

ENROLLMENT INFORMATION:

DATE: _____

1. ANTICIPATED ENROLLMENT DATE:		<input type="checkbox"/> Campus	
<input type="checkbox"/> Fall yr. _____	<input type="checkbox"/> Spring yr. _____	<input type="checkbox"/> Summer yr. _____	<input type="checkbox"/> Distance Learning
2. STATUS:		AUTHORIZED USE ONLY	
<input type="checkbox"/> Degree Seeking	<input type="checkbox"/> Non-Degree Seeking	MAT	GRE
3. PROGRAM:		TOEFL	
Indicate major/minor area:		Indicate major/minor area:	
<input type="checkbox"/> Master of Arts	_____	<input type="checkbox"/> Master of Ministry	_____

GENERAL INFORMATION (please print clearly):

Circle one: Mr. Mrs.		LAST NAME		FIRST NAME		MIDDLE	
Other: ___ Miss Ms.							
Other name(s) which may appear on transcripts or other records		ADDRESS		CITY		STATE	ZIP
COUNTRY		HOME PHONE (include area code)		WORK PHONE		CELL PHONE	
						CURRENT OCCUPATION	
EMAIL ADDRESS				SS NUMBER			

PERSONAL INFORMATION:

CITY OF BIRTH		STATE OF BIRTH		COUNTRY		DATE OF BIRTH		AGE		CITIZEN OF WHAT COUNTRY?	
MARITAL STATUS						SEX					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced						<input type="checkbox"/> M <input type="checkbox"/> F					
NAME OF SPOUSE				CHILDREN?				ARE YOU A VETERAN? BENEFITS?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
ETHNIC GROUP (optional)		<input type="checkbox"/> Asia or Pacific Islander		<input type="checkbox"/> African-American		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Other _____			
		<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Caucasian							
ARE YOU INTERESTED IN HEALTH INSURANCE?				RELIGIOUS AFFILIATION				NAME OF CONGREGATION YOU ATTEND			
<input type="checkbox"/> I am interested. <input type="checkbox"/> I am not interested. <input type="checkbox"/> I have health insurance.											
EMERGENCY CONTACT OUTSIDE YOUR HOUSEHOLD			RELATIONSHIP			ADDRESS			PHONE		

EDUCATIONAL INFORMATION:

COLLEGES, UNIVERSITIES, OR SPECIALIZED SCHOOLS ATTENDED, MOST RECENT FIRST (including Heritage Christian University)			
<i>Name of Institution</i>	<i>Address of Institution</i>	<i>Dates Attended</i>	<i>Degree/Certificate</i>
1.			
2.			
3.			
4.			
5.			
6.			

REFERENCES:

REFERENCES SHOULD INCLUDE: (1) A MINISTER, (2) A LEADER FROM THE APPLICANT'S CHURCH, AND (3) A SCHOOL OFFICIAL CONNECTED TO A COLLEGE YOU HAVE ATTENDED WHO WOULD BE IN A POSITION TO JUDGE YOUR ABILITY TO DO GRADUATE WORK. **REFERENCES CANNOT BE RELATED TO THE APPLICANT OR SPOUSE.**

NAME		RELATIONSHIP		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP	COUNTRY	
NAME		RELATIONSHIP		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP	COUNTRY	
NAME		RELATIONSHIP		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP	COUNTRY	

Please complete the attached "Personal Statement" and then date and sign this application form. ALL application materials (including transcripts and recommendations) MUST be received by the appropriate deadline. Deadline dates are: August 1 for fall, December 1 for spring, March 15 for summer, and two months before the first day of class for intensive courses.

AGREEMENT:

The above is true and accurate to the best of my knowledge. By signing this application, I agree that if admitted I will abide by all the regulations of the Heritage Christian University Graduate Program as set forth in the graduate catalog and/or other official publications authorized and approved by the university.

SIGNATURE OF APPLICANT _____

DATE _____

