



PAL CHRIO

Application for ADMISSION

Complete application for admission, including the \$140 application fee, and return to the Admissions Office with the following:

High School Students

- Official high school transcript(s) indicating graduation date
 Transfer Students
- Official college transcript(s) from each college attended *If college credit totals less than 16 semester or 24 quarter hours, official high school transcript will be required.

Certificate Programs (non-degree seeking)

Complete application for admission, including the \$140 application fee, and return to the Admissions Office.

APPLICATION FOR ADMISSION

Annual Fee: Complete all information and enclose the \$140 annually non-refundable registration fee.

Mrs.	First	N AC -1 -11 -	□Male □Female	
MISS.				
Place of Birth:	Socia	I Security No.:		
	,		P	
		da 🗖 Other		
numbers: Home: ()	Work: ())		
ital status: (Check all that apply) □Ma	rried Spouse's full name:			
married □Widow or Widower □Se	eparated Divorced	□Remarried	□Single parent	
ssion Information				
□Bachelor in Theology	□Bachelor in Chr	istian Clinical Cour	nseling	
□Bachelor of Christian Psychology	□Bachelor of Chr	istian Education		
□Bachelor in Business Administration	n Bachelor in Hos	pitality Manageme	ent & Tourism	
□Bachelor in Communication Studie	s Bachelor in Mod	dern Languages, E	English Literature	
□Master of Theology	□Master of Christ	□Master of Christian Clinical Counseling		
□Master of Christian Psychology	□Master of Christ	tian Education		
□ Master of Business Administration	□Master of Mode	ern Languages, En	glish Literature	
□Doctor of Theology	□Doctor of Christ	tian Clinical Couns	eling	
□Doctor of Christian Psychology	□Doctor of Christ	tian Education		
	□Medical Mission	nary Technician		
	-111001001 111100101	<i>y</i> 1001111101011		
	Mrs	Mrs	Mrs	

Education

Please list all colleges, bible institutes, or technical schools you have ever attended. If you have attended more than two school, submit additional school information on a separate sheet.

Name of High School:		Date	Date you graduated:		
Mailing address:					
Mailing address:	Street	City	State	Zip	
Name of School:		Dates:	Degree received	:	
Mailing address:					
-	Street	City	State	Zip	
Name of School:		Dates:	Degree received	:	
Mailing address:					
	Street	City	State	Zip	
Personal					
Has any member of your fa	amily ever app	olied or are currently a stud	dent at Central Christian	University?	
□Yes or □No					
If yes, give the names and	relationship:				
Attending regularly? Yes Name of Church: I have read Central Christia set forth and I have told the other representations have Christian University catalo transcripts form education may request a Pastor's recepermit Central Christian Uniclude me for instructiona	an University of e truth to the be been made t g. I further g al institutions l commendation Iniversity and	Telephone number atalog or viewed website est of my ability on this apple to me in writing or orally or central Christian Unit have previously attended to assist in the admission its representatives to use	er: () and agree to abide by the oplication. I further acknown other than what is stated versity permission to order and at the discretion of the order of th	e standards as whedge that no din the Centrader and review the University cision. I furthe	
Applicant's signature:			Date:		
		enclose your regis			
For office use	o dare to	onologo your rogic			
Upon evaluation and review	w ∩f				
	V 01		(student's	name) Earned	
and awarded credit hours, (Bachelor of Religious Arts Bachelor of Religious Arts Master of Religious Arts in	in Theology, E in Christian Ps	ending that he/she be co Bachelor of Religious Arts sychology , Bachelor of Re	nsidered for an "AWARD in Christian Clinical Cour eligious Arts in Christian I	ED DEGREE" nseling, Education,	

(Bachelor of Religious Arts in Theology, Bachelor of Religious Arts in Christian Clinical Counseling, Bachelor of Religious Arts in Christian Psychology, Bachelor of Religious Arts in Christian Education, Master of Religious Arts in Theology, Master of Religious Arts in Christian Clinical Counseling, Master of Religious Arts in Christian Psychology, Master of Religious Arts in Christian Education, Doctor of Theology, Doctor of Christian Clinical Counseling, Doctor of Christian Education and Honorary Doctor).

	(State reco	ommended degree's n	name)
for an "Awarde	d" Master degree, a mil the courses. An "Awarc	nimum of 30 credit ho	n of 120 credit hours. An applours beyond a Bachelor deg e requires a minimum of 30 c
(Print studer	nt's name as it should ap	ppear on degree)	(Student's Social Securi
	Student's	street address or P.C). Box

Upon review of the information above, the recommended degree has been ACCEPTED _____ or, DENIED _____

Dean-Faculty Representative

President

Witness Signature

Witness Signature