Application for Admission

University of Los Angeles College of Divinity

PLEASE TYPE OR PRINT CLEARLY USING THE SPACE PROVIDED:

Personal Information (Required):

First Name:	Middle Name:	Last Name:
Postal Address:		
City:	State/Province:	ZIP (or Country if not US/Canada):
Phone (Daytime):	Phone (Evening):	E-mail Address:
Fax:		

Date of Birth _____ Sex: ☐ Male ☐ Female

DESIRED DEGREE PROGRAM (Check both boxes, degree and program emphasis):

UNDERGRADUATE PROGRAMS:

- ☐ Associate of Arts in Ministry
- ☐ Bachelor of Arts in Christian Studies (Academic Track)
- ☐ Bachelor of Ministry (Professional Track)

GRADUATE PROGRAMS:

- ☐ Master of Theological Studies (M.T.S.)
- ☐ M.T.S. in Pastoral Care
- ☐ Master Arts (M.A.)
- ☐ Master of Divinity
- ☐ Doctor of Ministry

PROGRAM EMPHASIS:

Bachelor's Completion Only:

- ☐ Theology
- ☐ Christian Counseling
- ☐ Christian Education
- ☐ Leadership

Master of Arts Only:

- ☐ Christian Education
- ☐ Leadership
- ☐ Christian Counseling

METHOD OF STUDY:

AVAILABLE STUDY METHODS:

- ☐ Correspondence (submit by postal mail)
- ☐ Online Learning (submit online)

ADDITIONAL PERSONAL INFORMATION:

1. Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced
2. Military Service: ☐ Yes ☐ No

Dates of Service _____ - _____

Active Reserve: ☐ Yes ☐ No *Branch:* _____

3. Are you a active member in your Church? ☐ Yes ☐ No
4. Do you serve in a ministry position? ☐ Yes ☐ No

Position: _____

Name of church you attend:

City/State:

Pastor's Name:

Pastor's Phone:

ACADEMIC HISTORY:

INSTITUTION & LOCATION	DEGREE/AWARD	MAJOR/CONCENTRATION	GRADUATION DATE

(Attach extra sheets as required)

MINISTERIAL ORDINATION/LICENSURE:

Check the appropriate box if you hold any one of the following: ☐ Licensed ☐ Ordained ☐ Lay Minister

Denomination/Ministerial Network or Fellowship (include location):

OPTIONAL INFORMATION:

This information is requested for the purpose of reporting to the Federal Compliance Agencies in the United States of America only and will not be used in determining admission status. Completion is voluntary.

Place of Birth:

Date of Birth ____ Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Sex: ☐ Male ☐ Female Ethnic Origin: ☐ Native American/Alaskan ☐ Black, non-hispanic ☐ Hispanic ☐ White, non-hispanic ☐ Other or unknown ☐ Pacific Islander

REFERENCES:

Please list the name and phone numbers of at least three (3) references. One must be from your local church. The other two can be from your workplace or friends.

Reference 1 Name:	Reference 1 Phone:
Reference 2 Name:	Reference 2 Phone:
Reference 3 Name:	Reference 3 Phone:

U.S. & CANADA ONLY: $50.00 USD APPLICATION FEE PAYMENT INFORMATION (NON-REFUNDABLE)

☐ Pay by Credit Card
☐ Pay by Check or Money Order

Credit Card Number: Exp.(mmyy): CVV:

VISA MasterCard DISCOVER NOVUS AMERICAN EXPRESS

☐ *I give* ***The University of Los Angeles*** *permission to contact any references listed above.*

☐ *I have read the* ***Statement of Faith*** *and the* ***Student Code of Conduct*** *and I agree to abide by both.*

Date: ____ *Signature:*