



LIFE CHRISTIAN UNIVERSITY

THE APPLICATION PROCESS

1. Please complete your application **ONLINE** if possible at www.lcus.edu. Choose *Admissions*. Then choose *Apply to Study at LCU*. Follow the directions to complete your application. You will be emailed a copy of your completed form for your records. **NOTE:** If you prefer, you may complete the attached paper form instead and submit it in person to your Campus Director.

Any omissions will cause the application to be returned to you, and your enrollment will be delayed.

IMPORTANT: Choose *Degree/Certificate Student* if you desire to work toward your academic degree. Otherwise, choose *Audit Student*.

2. *Degree/Certificate Students Only:* Contact each college, university or institute of ministry that you have previously attended. Have them send transcripts to your campus. You are responsible for following up with the Director to determine whether all of your transcripts have been received. To avoid a \$65 Reassessment Fee, all transcripts must be received at your campus within 60 days of your enrollment date.
3. *Degree/Certificate Students Only:* If transcripts from an accredited college or university will not be provided, please submit one of the following proofs of high school graduation (not necessary for Audit students). This can be done either online or on paper.
 - A) Diploma (a photocopy is acceptable)
 - B) G.E.D. (a photocopy is acceptable)
 - C) Or Equivalent (official documents are required)
4. *All Students:* Read the *Student Handbook and Course Catalog* and sign the Student Handbook Affidavit on the last page. This can be done either online or on paper.
5. *All Students:* Complete your application no later than the first night of class.
Students Using the Paper Form: Submit application to your Director along with a payment of \$40.00 to cover the application and evaluation process. If you are paying by check, make your check payable to your campus.

STUDENT APPLICATION ENVELOPE COVER PAGE

Alert: May POSSIBLY be assessed at graduate-level

Student #: _____

Campus Code: USA-IN - IN PL

Student Name: _____

Student documents must be received by Main Campus within 60 days of the student's enrollment date to avoid a \$65 Reassessment Fee.*

**Send original documents only.
Make copies of all documents for your campus files.**

DEGREE/CERTIFICATE STUDENT WITH ELECTRONIC APPLICATION

sending the following official transcripts:

1. _____
2. _____
3. _____
4. _____
5. _____

Check One:

- All expected transcripts enclosed – assess now
- 60-day time limit has expired – assess as is

ALL DEGREE/CERTIFICATE STUDENTS:

OPTIONAL

- BTE Application (Form: Stu-4)
- BTE Application Fee Paid (Included on Form: Adm-2)

FOLLOW-UP MAILING: Remaining transcripts enclosed:

1. _____
2. _____
3. _____
4. _____

* If after 60-days: \$65 Reassessment Fee Enclosed (Include on Form: Adm-2)

AUDIT STUDENT WITH PAPER APPLICATION:

1. Student Application (Form: Stu-1)
2. Student Handbook Affidavit (Form: Stu-10)

DEGREE/CERTIFICATE STUDENT WITH PAPER APPLICATION

1. 3-page Student Application (Form: Stu-1)
 2. Proof of High School (Photocopy)
- OR**
3. Official Transcripts

1. _____
2. _____
3. _____
4. _____
5. _____

Check One:

- All expected transcripts enclosed – assess now
 - 60-day time limit has expired – assess as is
4. Student Handbook Affidavit (Form: Stu-10)



Life Christian University

TRANSCRIPT REQUEST

1. EDUCATIONAL INSTITUTION ATTENDED			2. LCU CAMPUS ADDRESS (WHERE TO SEND TRANSCRIPT)		
NAME OF INSTITUTION			CAMPUS LOCATION		
ADDRESS			ADDRESS		
CITY			CITY		
STATE / PROVINCE	POSTAL CODE	COUNTRY	STATE / PROVINCE	POSTAL CODE	COUNTRY
3. STUDENT INFORMATION			TO THE APPLICANT		
LAST NAME	FIRST NAME	MI	<p>No college credit can be awarded for classes you have attended at LCU without proof of previous college attendance, high school graduation, or a G.E.D.</p> <p>Send a copy of this form to each college you have attended to obtain your official sealed transcript. Transcripts should be sent directly to your LCU campus. Most colleges charge a small fee for transcripts, so a check for the fee amount should accompany your request. Request your transcripts as soon as possible, as LCU needs your official transcript within 60 days of your application. If you have not attended an accredited college or university and do not have a photocopy of your high school diploma, complete this form and send it to your high school guidance office.</p>		
MAIDEN NAME (IF APPLICABLE)	YEARS ATTENDED	BIRTHDATE (MM / DD / YYYY)			
PRESENT ADDRESS	CITY				
STATE / PROVINCE	POSTAL CODE	COUNTRY			
STUDENT SIGNATURE	DATE				

PLEASE COMPLETE THIS APPLICATION ONLINE IF POSSIBLE

at www.lcus.edu • Choose: Admissions. Then choose: Apply to Study at LCU. Follow the directions.
OR IF YOU PREFER, complete the form below and submit it in person to your Campus Director.



LIFE CHRISTIAN UNIVERSITY

STUDENT APPLICATION

IMPORTANT: **CHOOSE ONLY ONE:** Degree/Certificate Student Audit Student

- Please PRINT or TYPE.
- ANSWER ALL QUESTIONS. Applications will not be processed nor academic standing be assessed unless all questions are answered and the application signed and dated by the applicant.
- Do not leave any question blank. Put "N/A" if an item does not apply.

1. PERSONAL INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MISS <input type="checkbox"/> DR.		LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR.	MAIDEN NAME, IF APPLICABLE	PRI. LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH
MAILING ADDRESS		CITY	STATE / PROVINCE	POSTAL CODE	COUNTRY		
HOME AREA CODE & PHONE NUMBER		WORK AREA CODE & PHONE NUMBER		CELLULAR AREA CODE & PHONE NUMBER			
PRIMARY E-MAIL ADDRESS				SECONDARY E-MAIL ADDRESS			
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC	<input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER <input type="checkbox"/> NATIVE AMERICAN	CITIZEN OF <input type="checkbox"/> USA <input type="checkbox"/> OTHER (PLEASE SPECIFY)	PLACE OF BIRTH		DATE OF BIRTH (MM / DD / YYYY)
EMERGENCY CONTACT NAME		CONTACT AREA CODE AND PHONE NUMBER		CONTACT RELATIONSHIP			

2. CHURCH BACKGROUND / MEMBERSHIP & MINISTRY EXPERIENCE

CHURCH BACKGROUND / DENOMINATION								
CHURCH PRESENTLY ATTENDING				PASTOR'S NAME				
CURRENT MINISTRY STATUS, IF ANY	<input type="checkbox"/> SENIOR PASTOR <input type="checkbox"/> ASSISTANT PASTOR <input type="checkbox"/> MISSIONARY	<input type="checkbox"/> EVANGELIST <input type="checkbox"/> ITINERANT TEACHER <input type="checkbox"/> CHILDREN'S MINISTER	<input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> MUSIC MINISTER <input type="checkbox"/> LAY MINISTER	<input type="checkbox"/> CHURCH / MINISTRY ADMINISTRATOR <input type="checkbox"/> CHAPLAIN <input type="checkbox"/> CHRISTIAN BROADCASTING	<input type="checkbox"/> OTHER (PLEASE SPECIFY) <input type="checkbox"/> N/A			
MINISTRY CREDENTIALS? <input type="checkbox"/> LICENSED <input type="checkbox"/> ORDAINED	<input type="checkbox"/> N/A	CREDENTIALING ORGANIZATION	PAST MINISTRY INVOLVEMENTS <input type="checkbox"/> PASTORAL <input type="checkbox"/> TEACHER <input type="checkbox"/> EVANGELISM	<input type="checkbox"/> RADIO / TV <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY):	MINISTRY START DATE (MM / YYYY)			

3. EDUCATIONAL INFORMATION

HAVE YOU PREVIOUSLY ATTENDED LIFE CHRISTIAN UNIVERSITY OR LIFE CHRISTIAN BIBLE INSTITUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HIGH SCHOOL NAME*	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	STUDY EMPHASIS	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DIPLOMA <input type="checkbox"/> G.E.D.			
SCHOOL NAME**	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	MAJOR	DIPLOMA / DEGREE EARNED			

DEGREE/CERTIFICATE STUDENTS ONLY: ALL EDUCATIONAL BACKGROUND MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:

*If you have not attended an accredited college or university, you must send a photocopy of your high school transcript, diploma, or GED.

**List all schools including Bible institutes, Bible colleges, other colleges or universities. Must have original, sealed, official transcripts sent directly to your local campus.

NOTE: It is the applicant's responsibility to order, pay for, and—if necessary—follow-up on all transcripts ordered.

4. PLEASE STATE YOUR SALVATION TESTIMONY

5. PLEASE BRIEFLY STATE YOUR EDUCATIONAL & MINISTRY GOALS

Non-Discrimination Policy

This institution does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students.

Privacy Rights of Students

STATUTE 20, UNITED STATES CODE, §1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (i.e., the IRS, FBI, or other government agencies, and for use in institute publications). We have identified the following student data as "directory information:"

- | | | |
|----------------------|-------------------------------|---|
| 1. Name | 5. Date & Place of Birth | 9. Dates of Attendance |
| 2. Address | 6. Major Field of Study | 10. Degrees & Awards Received |
| 3. Telephone Listing | 7. Church Membership | 11. Most Recent Previous Educational Institution Attended |
| 4. Race | 8. Denominational Affiliation | |

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT BEFORE SIGNING.

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance into the academic program.
2. I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, §1232g.

SIGNATURE _____

DATE _____

*Make a payment of \$40 for your application fee, payable to your campus.
Submit this completed application to the Director.*



LIFE CHRISTIAN UNIVERSITY

BIBLE TEACHING EXPERIENCE (BTE) APPLICATION

DATE: _____ CAMPUS CODE: USA-IN - INPL

YOU WILL NOT QUALIFY FOR BIBLE TEACHING EXPERIENCE UNLESS YOU CAN ANSWER "YES" TO EACH QUESTION BELOW.

- Question 1: **Yes** **No** Do you have the following experience teaching or preaching the Word of God:
 More than 1 year as a lead/senior pastor - teaching or preaching?
OR
 More than 2 years in full-time ministry - teaching or preaching?
OR
 More than 3 years in part-time ministry - teaching or preaching?
- Question 2: **Yes** **No**
 Have you taught the Word of God in services or formal classes sanctioned by the church?
OR
 Have you taught the Word of God as a traveling minister or evangelist?
- Question 3: **Yes** **No**
 Has the majority of the material taught come from your own study of the Word of God?

WARNING: Conducting Sunday school classes, home Bible studies, or cell groups using pre-written curriculum does not count toward BTE credit. (Ministry of Helps does not qualify as Bible Teaching Credit.)

ATTENTION! IF YOU WERE NOT ABLE TO ANSWER "YES" TO EACH OF THE QUESTIONS ABOVE, YOU DO NOT QUALIFY FOR BTE CREDIT. STOP HERE!

IMPORTANT: Please print or type. All questions must be answered, including start and stop dates, or application will not be processed (use "N/A" if not applicable). The application must be signed and dated. Please keep a photocopy of the completed form for your records.

1. PERSONAL INFORMATION

STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/>	OCCUPATION
EMAIL ADDRESS		BY MY SIGNATURE, I CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE, ACCURATE, AND VERIFIABLE TO THE BEST OF MY KNOWLEDGE.				
		SIGNATURE:			DATE:	

INSTRUCTIONS:

- DO NOT SEND certificates, awards, documents, news articles, etc. These will not increase your BTE credit. Any published books or recordings submitted to substantiate credit for teaching will not be returned.
- BTE Applications must be received within 60 days of your student application date. Later applications will not be accepted.
- Include a \$40 Evaluation Fee with your application. For details on credits awarded and associated fees, see your Student Handbook.
- Include the attached Pastor's or Ministry Organization Leader's Recommendation Form with your BTE Application.

BIBLE TEACHING EXPERIENCE INFORMATION

BIBLE TEACHING EXPERIENCE

INVOLVEMENT: (CHECK ONE) <input type="checkbox"/> LEAD/SENIOR PASTOR <input type="checkbox"/> MISSIONARY <input type="checkbox"/> BIBLE TEACHER <input type="checkbox"/> CHILDREN'S MINISTER <input type="checkbox"/> ASST. PASTOR <input type="checkbox"/> EVANGELIST <input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> LAY MINISTER <input type="checkbox"/> OTHER (PLEASE SPECIFY)		
CHURCH / MINISTRY NAME		
ADDRESS	CITY	STATE / PROVINCE
	POSTAL CODE	COUNTRY
YOUR TITLE	(REQUIRED) START DATE (MM/YYYY)	(REQUIRED) STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
WERE YOU: <input type="checkbox"/> FULL-TIME PAID STAFF <input type="checkbox"/> PART-TIME PAID STAFF* <input type="checkbox"/> PART-TIME VOLUNTEER* (*IF PART-TIME, INCLUDE ATTACHED RECOMMENDATION FORM FROM YOUR PASTOR/MINISTRY ORGANIZATION LEADER.)		
HOW MANY TIMES A YEAR DID YOU TEACH?		
VERIFYING STAFF MEMBER'S NAME	VERIFYING STAFF MEMBER'S TITLE	VERIFYING STAFF MEMBER'S PHONE NUMBER (WITH AREA CODE)

BIBLE TEACHING EXPERIENCE INFORMATION

BIBLE TEACHING EXPERIENCE

INVOLVEMENT: (CHECK ONE) <input type="checkbox"/> LEAD/SENIOR PASTOR <input type="checkbox"/> MISSIONARY <input type="checkbox"/> BIBLE TEACHER <input type="checkbox"/> CHILDREN'S MINISTER <input type="checkbox"/> ASST. PASTOR <input type="checkbox"/> EVANGELIST <input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> LAY MINISTER <input type="checkbox"/> OTHER (PLEASE SPECIFY)		
CHURCH / MINISTRY NAME		
ADDRESS	CITY	STATE / PROVINCE
	POSTAL CODE	COUNTRY
YOUR TITLE	(REQUIRED) START DATE (MM/YYYY)	(REQUIRED) STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
WERE YOU: <input type="checkbox"/> FULL-TIME PAID STAFF <input type="checkbox"/> PART-TIME PAID STAFF* <input type="checkbox"/> PART-TIME VOLUNTEER* (*IF PART-TIME, INCLUDE ATTACHED RECOMMENDATION FORM FROM YOUR PASTOR/MINISTRY ORGANIZATION LEADER.)		
HOW MANY TIMES A YEAR DID YOU TEACH?		
VERIFYING STAFF MEMBER'S NAME	VERIFYING STAFF MEMBER'S TITLE	VERIFYING STAFF MEMBER'S PHONE NUMBER (WITH AREA CODE)

BIBLE TEACHING EXPERIENCE INFORMATION

BIBLE TEACHING EXPERIENCE

INVOLVEMENT: (CHECK ONE) <input type="checkbox"/> LEAD/SENIOR PASTOR <input type="checkbox"/> MISSIONARY <input type="checkbox"/> BIBLE TEACHER <input type="checkbox"/> CHILDREN'S MINISTER <input type="checkbox"/> ASST. PASTOR <input type="checkbox"/> EVANGELIST <input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> LAY MINISTER <input type="checkbox"/> OTHER (PLEASE SPECIFY)		
CHURCH / MINISTRY NAME		
ADDRESS	CITY	STATE / PROVINCE
	POSTAL CODE	COUNTRY
YOUR TITLE	(REQUIRED) START DATE (MM/YYYY)	(REQUIRED) STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
WERE YOU: <input type="checkbox"/> FULL-TIME PAID STAFF <input type="checkbox"/> PART-TIME PAID STAFF* <input type="checkbox"/> PART-TIME VOLUNTEER* (*IF PART-TIME, INCLUDE ATTACHED RECOMMENDATION FORM FROM YOUR PASTOR/MINISTRY ORGANIZATION LEADER.)		
HOW MANY TIMES A YEAR DID YOU TEACH?		
VERIFYING STAFF MEMBER'S NAME	VERIFYING STAFF MEMBER'S TITLE	VERIFYING STAFF MEMBER'S PHONE NUMBER (WITH AREA CODE)

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.

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PASTOR'S OR MINISTRY ORGANIZATION LEADER'S RECOMMENDATION FORM

Dear Pastor or Ministry Organization Leader,

The student listed below has applied for advanced placement credit toward his or her degree at Life Christian University for teaching the Bible at your church or ministry organization.

Please provide whatever information you believe will help us in evaluating this request. We have provided the following form for your convenience. When you have finished, please place the completed form in a **sealed letterhead envelope** and give it to the student for submission with his or her application.

Thank you!

Office of the Registrar, Life Christian University

1. STUDENT'S INFORMATION					
STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/>
MAIDEN NAME, IF APPLICABLE					
2. PASTOR'S/MINISTRY ORGANIZATION LEADER'S RECOMMENDATION					
HOW MANY TIMES A YEAR DID THE ABOVE PERSON TEACH AT YOUR CHURCH OR MINISTRY ORGANIZATION? _____					
WAS THE MAJORITY OF THE MATERIAL THEY TAUGHT PREPARED BY THEM (AND NOT PRE-PRINTED CURRICULUM)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DID THEY COME TO TEACH FULLY PREPARED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DO THEY EXHIBIT A CALL TO THE MINISTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DOES THEIR TEACHING REFLECT QUALITY ACADEMIC STUDY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DID THEY DEMONSTRATE INTEGRITY IN THE WORD OF GOD? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ANY OTHER COMMENTS, OBSERVATIONS, OR RECOMMENDATIONS?					
VERIFYING PASTOR'S OR MINISTRY ORGANIZATION LEADER'S NAME			TITLE		PHONE NUMBER (WITH AREA CODE)