



Life Christian University

FACULTY APPLICATION INSTRUCTIONS

Potential Campus Directors and Instructors should complete *Form: Fct-1* to document their qualifications.

Minimum Instructor Qualification

Instructors must have a minimum of a Bachelor's Degree in a ministerial or theological discipline. (Transfer credits for liberal arts programs are awarded at 50%.)

Teaching for Credit towards a Bachelor's Degree

An exception can be made for a Bible Institute graduate (for example from RHEMA Bible Training Center), if they also have substantial ministry life experience. Such instructors may teach for university credit for the final year of their Bachelor's Degree. (Please read the information on Ministry Life Experience Credit in the "Tuition" section of the Student Handbook for complete information and MLE fees.)

The following shows how credit toward an instructor's Bachelor's Degree is accumulated:

1. Two years at RHEMA	60 Credits
2. Five years as a full-time Pastor [Submit <i>Form: Stu-4 — Ministry Life Experience (MLE) Application</i> for evaluation]	30 Credits
3. One year teaching at campus	<u>30 Credits</u>
Total Baccalaureate requirements	120 Credits

To Obtain Your Official Transcripts:

- Send a transcript request form to each college, university, or institute of ministry that you have previously attended. Have them send transcripts to your campus.
- Faculty with only non-accredited schooling, such as a Bible Institute, must provide proof of High School.

INSTRUCTORS: You are responsible to follow up with your Campus 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 with 60 days of your application date.

All forms must be completed well in advance of the first class. Turn them in to your Campus Director, who will make a copy for your files and send the originals to the Main Campus.

NOTE: AN INSTRUCTOR MUST RECEIVE AN APPROVED FACULTY LETTER from Life Christian University before they may start teaching any course.
(An approved Campus Director is not automatically approved to instruct LCU classes.)



Life Christian University

FACULTY APPLICATION

This required form is used to assess the academic standing of Directors and Instructors.

Check all that apply: Director Instructor

Date: _____ Campus City & State: _____ Campus Code: _____

IMPORTANT:

- 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. <input type="checkbox"/> _____	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"/> OTHER	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"/> LICENSED <input type="checkbox"/> ORDAINED	<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	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		

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

Life Christian University 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 of the University.

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 LCU publications). LCU has 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 to the University.
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 local campus.
Submit this completed application to your Campus Director.*

FACULTY APPLICATION ENVELOPE CHECKLIST COVER PAGE

Alert: May POSSIBLY be assessed at graduate-level

Student #: _____ Campus Code: _____ - _____

Faculty Candidate's Name: _____

Documents must be received by Main Campus within 60 days of the application date to avoid a \$65 Reassessment Fee.

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

CHECK ITEMS ENCLOSED:

- 1. 3 page Faculty Application (Form: Fct-1)
- 2. Proof of High School (A photocopy is acceptable)
Required unless transcripts from an accredited college or university are enclosed.
- 3. **ALL** College or Bible School transcripts are enclosed (ORIGINALS ONLY)

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

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

- 4. Required: Student Handbook Affidavit (Form: Stu-10) (Last page of Student Handbook)
- 5. Required: Instructor Handbook Affidavit (Form: Fct-7)
- 6. Required: Two Minister's Recommendations (Form: Fct-6) - DO NOT KEEP ANY COPIES
Recommendation not required if candidate is well known by Director or Host Pastor

OPTIONAL

- 7. MLE Application (Form: Stu-4)
- 8. MLE 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 (Included on Form: Adm-2)