

Application for Admission

General

Name _____ Date of Birth _____
Last Name First Name Middle Month / Date / Year

Permanent Address _____
Number and Street

Mailing Address (if different from above) _____
City State Zip Code Country
Number and Street

City State Zip Code Country

Home Phone _____ Social Security # (Optional) _____

Email _____

| | | | |
|--|--|---|---|
| Degree Program you are applying for | <input type="radio"/> Bachelors in Theology (B.Th.) | <input type="radio"/> Masters in Theology (Th.M.) | <input type="radio"/> Doctor of Theology (Th.D.) |
| | <input type="radio"/> Bachelor of Business Administration (B.B.A.) | <input type="radio"/> Masters of Divinity (M.Div.) | <input type="radio"/> Doctor of Ministry (D.Min.) |
| <input type="radio"/> Certificate in Pastoral Ministry | <input type="radio"/> Bachelor of Science in Social Welfare (B.S.W.) | <input type="radio"/> Master of Social Welfare (M.S.W.) | <input type="radio"/> Doctor of Social Welfare (D.S.W.) |
| When do you plan to start your studies? | <input type="radio"/> Fall | <input type="radio"/> Summer | <input type="radio"/> Spring |

Family Relation

Your spouse/partner's full name & occupation (if applicable) _____

Please give names and ages of your children, if any _____

Record of Preparation

Supply full information regarding preparation to date. List each institution separately in chronological order beginning with undergraduate studies. (for Bachelor applicants, begin with high school attended)

| Dates of Attendance From To | Institution and Location | Major | Degree / Diploma | GPA (if known) |
|--------------------------------|--------------------------|-------|------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |



General

Supply full information regarding employment to date.

| Dates of Attendance From To | Employer and Location | Job Description |
|---|-----------------------|-----------------|
| | | |
| | | |
| | | |

Personal References

Give the name, address and phone number of the persons you have asked to write references:

| | | |
|-------|---------|-----------|
| _____ | _____ | _____ |
| Name | Address | Telephone |
| _____ | _____ | _____ |
| Name | Address | Telephone |

Church Background

What is your denomination affiliation? _____

Name of the church you attend _____

Address _____

Minister's Name _____

Phone Number _____

Position in the church _____

Optional

California Central University has undertaken to insure quality of educational opportunity and to make our programs and service fair and useful to all students. We would appreciate your providing the following information which would be used for statistical purposes only.

Gender: _____

I have a disability, which is _____

I certify that all statements on this form are accurate and true.

Signature of Applicant

Date

