



Application for Admission

PLEASE TYPE OR PRINT CLEARLY USING THE SPACE PROVIDED:

Personal Information (Required):

Personal Information (Required):		SSN or NATIONAL ID#
First Name:	Middle Name:	Last Name:
Postal Address:		
City:	State/Providence:	Zip (or Country if not in US/Canada):
Phone:	E-mail Address:	

DESIRED DEGREE PROGRAM (Check the box to the left of the degree):

Undergraduate Programs:

Graduate/Post-Graduate Programs:

Associate of Arts		Master of Arts	
<input type="checkbox"/>	Biblical Studies	<input type="checkbox"/>	Christian Counseling
<input type="checkbox"/>	Christian Leadership	<input type="checkbox"/>	Christian Leadership & Organizational Management
<input type="checkbox"/>		<input type="checkbox"/>	Practical Theology
Bachelor of Arts		Doctorate	
<input type="checkbox"/>	Classical Education	<input type="checkbox"/>	Christian Education
<input type="checkbox"/>	Christian Counseling	<input type="checkbox"/>	Covenant Leadership
<input type="checkbox"/>	Christian Leadership & Organizational Management	<input type="checkbox"/>	Ministry
<input type="checkbox"/>	Theology	<input type="checkbox"/>	Theology

ADDITIONAL PERSONAL INFORMATION:

Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of church you attend:
<i>Dates of Service:</i>	City/State:
<i>Active Reserve:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Branch:</i>	Pastor's Name:
Are you an active member in your church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pastor's Phone:
Do you serve in a ministry position? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Position:</i>
PLEASE COMPLETE IF YOU ARE IN FULL TIME MINISTRY : <input type="checkbox"/> Licensed <input type="checkbox"/> Ordained	
Denomination/Ministerial Network or Fellowship:	Overseer or Official:

OPTIONAL INFORMATION

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

Place of Birth:	Date of Birth:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Ethnic Origin: <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Black, non-hispanic Hispanic
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White, non-hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other or unknown

ACADEMIC HISTORY (Attach extra sheets as required):

Institution and Location	Degree/Award	Major/Concentration	Graduation Date

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 Name:	Reference Phone or Email for International applicants:

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- A copy of a valid photo ID
- A resume including both business and ministry experience (if applicable)
- A 1 page essay stating how you believe NCU will help you to develop personally or help you to reach a specific life goal
- Copies of previous transcripts and degrees
- Copies of any certificates you may have earned for leadership, counseling, education, or bible based conferences

\$50.00 USD APPLICATION FEE PAYMENT INFORMATION (NON-REFUNDABLE)

<input type="checkbox"/> Pay by Credit Card <input type="checkbox"/> Pay by Check/Cash/Money Order	<i>Credit Card Number:</i>	<i>Exp. (mmyy):</i>
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	<i>Billing Address Zip Code:</i>	<i>Security Code:</i>

I hereby certify that all statements on this application are true and correct and give NCU permission to contact any of the references above. I understand that my enrollment to NCU depends upon the accuracy of the information provided on this application. I also affirm that if I am accepted for admission, I will abide by the policies of NCU as outlined in the Student Handbook.

Print Name: _____

Signature: _____ Date: _____

For expedited service: Please scan all documents and send as PDF to ncuinbox@gmail.com

or send all documents and payment to our mailing address: PO Box 574, Fremont, OH 43420