

**APPLICATION FOR ADMISSION
FRIENDS INTERNATIONAL CHRISTIAN UNIVERSITY**

Name _____
Last First Middle

Preferred Name _____ Social Security Number _____

Other names under which your transcript(s) may be listed _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Sex: Female Male Date of Birth (month/day/year) ____/____/____

Email Address _____

Country of Citizenship _____ Is English your primary language? Yes No _____

Marital status: Single Engaged Married Separated Divorced Widowed

Name of spouse (if applicable) _____

Number of Children _____ Ages _____

Name, address, and phone of person to notify in case of an emergency: _____

List names and state relationship of any relatives who have attended or are attending FICU.

1. _____ 2. _____ 3. _____
Name/Relationship Name/Relationship Name/Relationship

The following question are used for statistical purposes only. You are not required to complete this section of the application. If you complete this section, the information will not be used in evaluating your application for enrollment. FICU does not discriminate against applicants on the grounds of race, color, sex, age, national origin, disability, or veteran status.

Church Attendance

Please check one from the following list:

- | | | | | |
|--|---|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Assembly of God | <input type="checkbox"/> Baptist | <input type="checkbox"/> Catholic | <input type="checkbox"/> Church of Christ | <input type="checkbox"/> Charismatic |
| <input type="checkbox"/> Episcopalian | <input type="checkbox"/> Full Gospel | <input type="checkbox"/> Holiness | <input type="checkbox"/> Church of God-Christ | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Freewill Baptist | <input type="checkbox"/> Pentecostal | <input type="checkbox"/> Jewish | <input type="checkbox"/> Interdenominational | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> Methodist | <input type="checkbox"/> Nazarene | <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Open Bible Standard | <input type="checkbox"/> Protestant |
| <input type="checkbox"/> Nondenominational | <input type="checkbox"/> Southern Baptist | <input type="checkbox"/> Other _____ | | |

Church Name _____ Pastor Name _____

Mailing Address _____ City _____ State _____ Zip _____

EMPLOYMENT/SERVICE

Please complete this section, even when a current resume is also sent.

CURRENT EMPLOYER:

Name of Employer

Position Held

Employer Address

Month/Year to Month/Year

Brief Job Description/Duties

PREVIOUS EMPLOYERS:

1. _____

Name of Employer

Position Held

Address

Month/Year to Month/Year

Brief Job Description/Duties

2. _____

Name of Employer

Position Held

Address

Month/Year to Month/Year

Brief Job Description/Duties

3. _____

Name of Employer

Position Held

Address

Month/Year to Month/Year

Brief Job Description/Duties

MILITARY INFORMATION

If you are a veteran, please complete the following:

Branch of Service

Month/Year to Month/Year

Discharge: _____ Honorable _____ Other _____

Are you eligible for VA educational benefits _____ Yes _____ No

DETAILED EMPLOYMENT HISTORY

Resume Attached

Resume to Follow Later

STATEMENT OF TRUTH

I understand that all items submitted to Friends International Christian University as part of the application process become the permanent property of FICU and will not be returned to me.

I hereby state that the information contained in this application is correct and true. If FICU is notified that any information contained herein is false, it will be grounds for my immediate denial or dismissal. I also understand that completion of this application in no way guarantees or implies acceptance and/or enrollment as a student at FICU.

To qualify for admission to FICU, you must be a member of the Body of Christ.

- I am a member of the Body of Christ
- I am not a member of the Body of Christ

I declare that all information given to be true to the best of my knowledge.

Signature

Date

For Office Use Only

Acceptance Date ___ / ___ / ___

Application & Registration Fee paid by

- Cash
- Check
- Money Order
- Credit Card

Affiliate Center _____

Advisor _____

Faculty Acceptance _____

Application/Registration Fee Payment

For Your Convenience We Accept

- American Express
- Discover Card
- MasterCard
- Visa

Expiration Date ___ / ___

Amount Authorized \$ _____

Authorizing Signature _____

Please remit Application/Registration fee of \$110.00
With this application