



Friends International Christian University

Student Enrollment Package

Application

Accreditation Signature Page

Resume / Portfolio Guidelines

Transcript Request Form

Automatic Payment Application

Post Office Box 3979 ~ Merced ~ California ~ 95344-1979

www.ficu.edu ~ ficu@ficu.edu ~ (800) 509-7009 ~ (209) 384-3251 fax

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): _____

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

Email Address: _____ Cell: _____

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

Marital status: Single 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: _____

Please list the names and relationship of any relatives who have attended or are attending FICU.

1. _____ 2. _____ 3. _____

The following questions 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.

CURRENT MINISTRY STATUS (check all that apply)

Are you a minister? Yes No (Ordained Licensed) Credentials issued by: _____

If you are currently involved in ministry, what is your role? _____ If other, please list: _____

◆ **IF YOU ARE A SENIOR PASTOR, PLEASE SUPPLY THE FOLLOWING INFORMATION:**

Church Name: _____

Mailing Address (City, State, Zip): _____

Phone: () - Fax: () - Cell: () -

E-mail: _____ Website: **www.** _____

PERSONAL INFORMATION

Briefly, why do you want to attend Friends International Christian University?

Briefly, what are your academic and profession goals? Please list short- and long-term goals.

DEGREE INTENTIONS

For which degree level(s) are you applying?

- Associates Doctor
 Bachelor Bachelor of Arts
 Master Master of Arts

In which degree program are you enrolling?

- Biblical Studies Religious Education
 Biblical Counseling Theology
 Church Administration Religious Fine Arts

Name, title, and phone number of three (3) personal references in Ministerial Leadership

EDUCATION INFORMATION

Please include both Traditional Four Year and Non Traditional School Attendance including Bible Training and Seminaries.

#1 Institution Name: _____ Institution City, State: _____

Major _____ Hours Attended: _____ Degree Completed: Yes No Date of Completion: _____

Diploma/Certificate Earned: Yes No Transcript (select one): Attached To Follow Not Available

#2 Institution Name: _____ Institution City, State: _____

Major _____ Hours Attended: _____ Degree Completed: Yes No Date of Completion: _____

Diploma/Certificate Earned: Yes No Transcript (select one): Attached To Follow Not Available

#3 Institution Name: _____ Institution City, State: _____

Major _____ Hours Attended: _____ Degree Completed: Yes No Date of Completion: _____

Diploma/Certificate Earned: Yes No Transcript (select one): Attached To Follow Not Available

PASTORAL AND MINISTERIAL EXPERIENCE

Please complete this section; a brief description of your ministerial duties would be greatly appreciated. This information may be considered for transfer credit for the lifetime learning program. Please include additional information on your resume.

CURRENT MINISTRY INVOLVEMENT

Name of Church: _____ Pastor/Overseer: _____

Ministerial Position _____ Begin/End Dates (month/year) _____

Type of Ministry Duties _____

MINISTRY EXPERIENCE

Name of Church: _____ Pastor/Overseer: _____

Ministerial Position _____ Begin/End Dates (month/year) _____

Type of Ministry Duties _____

MINISTRY EXPERIENCE

Name of Church _____ Pastor/Overseer: _____

Ministerial Position _____ Begin/End Dates (month/year) _____

Type of Ministry Duties: _____

Please select all Ministerial Experience that apply:

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Bishop | <input type="checkbox"/> Associate Pastor | <input type="checkbox"/> Administration | <input type="checkbox"/> Video/Tape Ministry |
| <input type="checkbox"/> Pastor | <input type="checkbox"/> Youth / Children's Ministry | <input type="checkbox"/> Elder/Armor bearer | <input type="checkbox"/> Dance Ministry |
| <input type="checkbox"/> Co-Pastor | <input type="checkbox"/> Music | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sunday School |

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. All information submitted to Friends International Christian University is strictly confidential and will not be released to any party without written request directly from the student. All students must provide written requests when requesting transcripts or other documentation from the university.

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 imply 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: _____

PLEASE REMIT APPLICATION/REGISTRATION FEE OF \$110.00 WITH THIS APPLICATION

<i>For Office Use Only</i>	<i>Application/Registration Fee Payment</i>
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Date of Acceptance	_____
Date Posted	\$ _____
Cash	\$ _____
Check	No. _____
Money Order	No. _____
Credit Card Authorization Code	Type: _____

AFFILIATE CENTERS STUDENTS ONLY

Affiliate Center	_____
Faculty Approval	_____
Date of Payment	_____
Date of Submission	_____

For Your Convenience, We Accept:

- | | |
|--|--|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover Card |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |
| <input type="checkbox"/> Checking Debit Card | |

Card Number: _____

Expiration Date: _____

Amount Authorized: _____

Billing Zip Code: _____

Name on Card: _____

Authorizing Signature: _____



Friends International Christian University

PO Box 3979, Merced, CA 95344-1979
252 Avenue E, Port St. Joe, FL 32456-1524

An accrediting organization is a “watchman on the wall”. Webster defines accreditation as to give trust or confidence to; to vouch for; to recommend; to furnish with credentials, as an envoy or ambassador. Every accreditation group is not the same. There are different and focused in different areas of accreditation.

Accrediting Commission International is the international accrediting commissions which hold as its primary objective the encouragement and maintenance of sound scholarship and the highest academic achievement in the areas of private education. Quality education is the goal of all times. Its purpose is the preparation of quality education in private schools, colleges, and theological seminaries. It is a non-governmental body and makes no claim to be connected with the government.

A degree covers the major taken with that degree. A student or potential student must understand that credits taken in one type of program may or may not transfer to another type program. This is the sole determination of the receiving institution.

The job market is highly competitive. Training is specialized in most fields. A graduate in one field may have difficulty in being hired in a field they are not certified for.

By signing this form, I am signifying that I have received the Student Handbook/Catalog and I understand the type of degree for which I have applied and neither ACI nor Friends International Christian University is responsible for my employment goals.

Please return this page with an original signature with a copy of your Student Tuition Covenant Agreement. Be sure to retain a copy for your files.

Student / Potential Student Signature

Student / Potential Student Printed Name

Date

**FRIENDS INTERNATIONAL CHRISTIAN UNIVERSITY
PORTFOLIO GUIDELINES**

EDUCATION

- A. High School Name, Addresses, Attendance dates, major, credits and diploma earned.
- B. College/University Names, Address, attendance dates, major, credits and diploma earned.
Appendix: Official transcripts are required with school seal and registrar's signature.
- C. Technical or Trade School Names, Address, Attendance dates, major, credits and diploma earned. Appendix: Certificates and Diplomas (photocopy OK) are required.
- D. Apprenticeships, Internships, High performance responsibility (e.g. aircraft pilots)
Appendix: Certificates, Flight Logs, Journals (photocopy OK)
- E. General Learning: describe non job-related learning experiences that you feel justify university credit. Include a statement explaining why you feel credit is justifiable. (i.e. years accomplished, level of expertise, etc..)
- F. Languages: if you speak, read, or write any language other than English, state which language and the extent of your capability. Describe situations in which used; provide translations you have done if applicable.

EMPLOYMENT HISTORY

- A. Employer Name, Address, Phone, name of supervisor, dates employed, job description.
Appendix: Letters from Employers, Supervisors or Peers are proper from most recent positions.
- B. Military Service, Active and Reserve Appendix: DD214 (photocopy)
- C. Professional Teaching Experience Appendix: Evidence of activities.
- D. On-The-Job Training, Seminars, Etc: Program description, Attendance Dates, Total Hours, sponsor. Appendix: Evidence of participation: certificates, programs, letters of confirmation.

SPECIALIZED ACTIVITIES AND ACHIEVEMENTS

- A. Membership in Civic, fraternal, volunteer or religious organizations and professional or trade associations: Name of organization, years active, offices held, extent of activity.
Appendix: Membership cards (photocopies ok) or letters.
- B. Awards, Citations, or other Achievements

LEADERSHIP EXPERIENCE

- A. Situations in which you have been a lecturer, panelist, instructor or teacher
- B. For what, when, hours, describe your participation. Appendix: Appointments, programs, syllabi, announcements, etc..

PROFESSIONAL & TRADE PUBLICATIONS YOU READ

- A. Name and publisher of each.
- B. Copies of at least three recent articles you consider important professionally.

PROFESSIONAL LICENSES/CERTIFICATIONS

- A. List with dates of validity and provide photocopies.

TRAVEL

- A. Foreign country visited, dates, purpose of trip, state value you gained from trip.

SPECIALIZED ACTIVITIES & ACHIEVEMENTS

- A. Independent study and reading
- B. Books and projects of professional, a vocational and personal importance. (For books list author, title, city, publisher, and year of publication).

PUBLISHED MATERIALS

- A. Manuals, technical writings, proposals, etc.
- B. Books or articles, patents, copyrights, trademarks, etc.. Appendix: copies of materials, supportive letters, copies of books and other important items.

PERFORMING & CREATIVE ARTS

- A. Describe performances in which you have taken part
- B. Describe works you have created name directors, producers, tutors under whom you have worked.
- C. List awards prizes and honors you have received. Appendix: Artwork, programs, tapes, photographs, citations, etc.

ADDITIONAL INFORMATION

- A. Notes, remarks, and miscellaneous information with items of support & documentation

FRIENDS INTERNATIONAL CHRISTIAN UNIVERSITY
Transcript Request Form

School from which transcript is requested

Student Address (City, State, and Zip)

Name (Last, First, Middle Initial)

Name on transcript if different from above (i.e. maiden name)

Social Security No.

Degree(s) Obtained

Dates Of enrollment: From _____ To _____ **(REQUIRED INFORMATION)**

Please send one (1) Official Transcript to:

Friends International Christian University

Attn: Registrar

PO Box 3979

Merced, CA 95344-1979

Student Signature and Date

**Friends International Christian University
Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charge will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing or by selecting the one time payment option.

Customer Information (To be completed by FICU)

Customer Name: _____

Phone (please include area code first): _____

Payment Information (To be completed by FICU)

I authorize Friends International Christian University to automatically bill the card listed below as specified:

Amount: \$ _____ **Begin billing on date:** _____

Frequency: One Time Weekly Bi-Weekly Semi-Monthly Monthly

End billing: Payment in full Customer provides written cancellation Date: _____

Credit Card Information (To be completed by Customer)

Friends International Christian University accepts the following credit/debit cards: **Visa, MasterCard, American Express and Discover**. All information listed below is required to process the automatic payment.

Credit Card Type: _____

Credit Card Number: _____ **Expires (month/year):** _____

Cardholder's name: (as it appears on your card): _____

Billing Address (Street City State Zip): _____

Cardholder's Signature / E-Signature: _____

Date: _____