

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_ 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

## EDUCATIONAL INFORMATION

### COLLEGES ATTENDED:

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Institution City, State

\_\_\_\_\_  
Hours Attended/Degree Completed

\_\_\_\_\_  
Date of Completion

\_\_\_\_\_  
GPA

Transcript Attached

Transcript to Follow Later

No Transcript Available

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Institution City, State

\_\_\_\_\_  
Hours Attended/Degree Completed

\_\_\_\_\_  
Date of Completion

\_\_\_\_\_  
GPA

Transcript Attached

Transcript to Follow Later

No Transcript Available

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Institution City, State

\_\_\_\_\_  
Hours Attended/Degree Completed

\_\_\_\_\_  
Date of Completion

\_\_\_\_\_  
GPA

Transcript Attached

Transcript to Follow Later

No Transcript Available

## PERSONAL INFORMATION

Why do you want to attend Friends International Christian University? \_\_\_\_\_  
\_\_\_\_\_

What are your academic and profession goals? Please list short- and long-term goals. \_\_\_\_\_  
\_\_\_\_\_

### DEGREE INTENTIONS:

For which degree level(s) are you applying?

Bachelor     Bachelor of Arts

Master     Master of Arts

Doctor     Doctor of Philosophy

In which degree program are you enrolling?

Biblical Counseling     Biblical Studies

Church Administration     Religious Education

Religious Fine Arts     Theology

(Drama, Dance, Sacred Music, Communications)

### CURRENT MINISTRY STATUS (check all that apply)

Are you a minister? \_\_\_\_\_ Yes (\_\_\_ Ordained \_\_\_ Licensed) \_\_\_\_\_ No

Credentials issued by \_\_\_\_\_

Denominational background \_\_\_\_\_

If you are currently involved in ministry, what is your role

Senior Pastor (please complete information requested below)

Associate/Assistant Pastor     Children's Ministry

Youth Ministry     Prayer Group

Music Programs     Missions Trip

Drama/Performances     Church Leadership/Council

If you are currently Senior Pastor, please supply the following information:

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Web-site

\_\_\_\_\_  
E-mail Address

FICU    PO Box 3979    Merced, CA 95344    209-384-7900    209-384-3251 Fax

[www.ficu.edu](http://www.ficu.edu)

[ficu@ficu.edu](mailto:ficu@ficu.edu)

## 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