

## **Application for Admission**

Kentucky Christian University Graduate School 100 Academic Parkway Grayson, Kentucky 41143-2205 Phone: 877-841-6391 • Fax: 606-474-3189 E-Mail: gradstudies@kcu.edu



- Please complete this application and return to: Graduate Admissions, Kentucky Christian University, 100 Academic Parkway, Grayson, Kentucky 41143-2205 Please print legible or type. Answer all questions as completely as possible.
- An application fee of \$35.00 and a 1000 word self reflection essay should accompany this application.
- Upon receipt of application an acknowledgement letter will be sent which will also indicate what is still
  needed to complete the application file.

<b>1. Personal Information</b> Social Security Number		Student I.D. Number			
Name					
Last	First		Middle		
Title: Mr. Mrs. Miss	☐ Ms. ☐ Dr. Ni	ickname			
2. Address Information - Present N Address	_		Apt. #		
City		State	Zip+4		
Phone ()	Fax ()		E-mail		
Occupation	Name	of Organization_			
Address			Room	#	
City			State Zip+4		
Phone ()	Fax ()	E	E-mail Address		
3. Gender:					
4. United States Citizen?  Yes	No				
Non-U.S.Citizen: Country of Citizensh	nip				
Resident Alien? Yes No	,		ur visa with your application)		
5. Veteran: Yes No					
6. Date of Birth: Month	Dav	Year			

7. Application for: Year _	August	October 🗖 January 🗖	March $\square$ May $\square$ June			
8. Status: Tull-time	Part-time Not working t	oward a degree 🚨 One/t	vo course(s) only			
9. First time graduate student?  Yes No Transfer from another school? Yes No						
10. Academic Program:	Please check one					
☐ Master of Art	s in Christian Leadership					
☐ Pas	toral Care (Counseling)	Leadership Studies	Christian Ministry			
☐ The	eological Studies	☐ Preaching				
☐ Master of Art	s in Biblical Studies					
☐ Nev	w Testament	☐ Biblical Backgrounds	Old Testament			
Master of Art	s in Religion					
11. College/University Ir graduate degrees or credi		r, the school(s) from which	you received your undergraduate degree(s), and any			
School Cit	ty/State Degree/Acaden	nic Program [	Dates Attended/Graduated:			
12. Employment/Ministry Name of Business/Ministry		rder, the positions (paid or , State Dates of Service	unpaid) which you have held in the past three years:  Supervisor Name/Phone			
	refused admission to or dism		niversity or seminary?    Yes    No If Yes,			
14. Church Information						
Church Name		Minister				
Address	Ci	ty	State Zip+4			
Describe your participation	n in Christian Service					
	ng most influenced your app	lication to KCU?				
Academic Programs	☐ Faculty/Staff	☐ KCU Studer	t Other			
Campus Visit	☐ Family	☐ KCU Web Pa	ge			
☐ Direct Mailing	☐ KCU Alumni	☐ Minister				
Signature			Date			