



# The Logos Christian University

## Application for Admission

Phone: (407) 847-7419 - Fax: (863-226-2226

**First time student:** Complete all information and enclose the **\$200.00 non-refundable** application fee.

**Please print in black ink or type all information.**

Legal name: Mr. \_\_\_\_\_ • Male  
Mrs. \_\_\_\_\_ • Female  
Miss Last First Middle

Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip

Email address: \_\_\_\_\_ Citizenship: • USA • Canada • Other \_\_\_\_\_

Non-USA Citizen: Are you a permanent resident? • Yes • No

Telephone numbers: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Current marital status: (Check all that apply) • Married Spouse's full name: \_\_\_\_\_

• Never married • Widow or Widower • Separated • Divorced • Remarried • Single parent

### Admission Information

Bachelor: • Bachelor of Religious Arts in Theology • Bachelor of Religious Arts in Christian Counseling  
• Bachelor of Religious Arts in Ministry • Bachelor of Religious Arts in Christian Education

Masters: • Master of Theology • Master of Christian Counseling • Master of Ministry  
• Master Christian Education • Master of Christian Clinical Psychology • Master of Ministry

Doctorate: • Doctor of Theology • Doctor of Christian Counseling • Doctor of Christian Clinical Psychology  
• Doctor Christian Education • Doctor of Christian Clinical Psychology • Doctor of Ministry

## Education

Please list all colleges, bible institutes, or technical schools you have ever attended. If you have attended more than two school, submit additional school information on a separate sheet.

Name of High School: \_\_\_\_\_ Date you graduated: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip

Name of School: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree received: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip

Name of School: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree received: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip

## Personal

Has any member of your family ever applied or are currently a student at The logos Christian University?

• Yes or • No

If yes, give the names and relationship: \_\_\_\_\_

Have you trusted Jesus Christ as your Savior? • Yes • No When? \_\_\_\_\_ Are you a church member? • Yes • No

Attending regularly? • Yes • No Denomination: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Telephone number: (\_\_\_\_\_) \_\_\_\_\_

I have read the The Logos Christian University catalog or viewed website and agree to abide by the standards as set forth and I have told the truth to the best of my ability on this application. I further acknowledge that no other representations have been made to me in writing or orally other than what is stated in the Central Christian University catalog. I further give The Logos Christian University permission to order and review transcripts form educational institutions I have previously attended and at the discretion of the University, may request a Pastor's recommendation to assist in the admissions counselors in their decision. I further permit The Logos Christian University and its representatives to use photographs or videotapes that may include me for instructional or promotional purposes.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BE SURE TO ENCLOSE YOUR APPLICATION FEE

### For office use

Upon evaluation and review of \_\_\_\_\_ (student's name) Earned and awarded credit hours, I am recommending that he/she be considered for an "AWARDED DEGREE" (Bachelor of Religious Arts in Ministry, Bachelor of Religious Arts in Christian Counseling, Bachelor of Religious Arts in Elem. Education, Master of theology, Master of Ministry, Master of Christian Counseling, Doctor of Ministry, Doctor of Theology, Honorary Doctor).

\_\_\_\_\_  
(State recommended degree's name)

An applicant must have for "Awarded" Bachelor degree, a minimum of 120 credit hours. An applicant must have for an "Awarded" Master degree, a minimum of 30 credit hours beyond a Bachelor degree, with a minimum of 80% of the courses. An "Awarded" Doctorate degree requires a minimum of 30 credit hours above the Masters Degree.

\_\_\_\_\_  
(Print student's name as it should appear on degree)

\_\_\_\_\_  
(Student's Social Security)

\_\_\_\_\_  
Student's street address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



Upon review of the information above, the recommended degree has been  
ACCEPTED \_\_\_\_\_ or, DENIED \_\_\_\_\_

\_\_\_\_\_  
Branch or Co-op representative

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
President

\_\_\_\_\_  
Witness Signature

Please include a copy of photo ID and Copies of Diplomas or Certificates earned.  
Please also include a copy of resume of Ministry.

Print and Mail To :  
The logos Christian University / Admissions Department  
444 Albatross Court, Kissimmee Florida 34759