Vision International University USA
Application for Admission

PLEASE TYPE OR PRINT CLEARLY USING THE SPACE PROVIDED:

Personal Information (Required):

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<th>Resource Center #</th>
<th>SSN OR NATIONAL ID</th>
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<th>First Name:</th>
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<th>City:</th>
<th>State/Province:</th>
<th>ZIP (or Country if not US/Canada):</th>
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<th>Phone (Daytime):</th>
<th>Phone (Evening):</th>
<th>E-mail Address:</th>
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<th>Fax:</th>
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<th>Female</th>
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DESIRABLE DEGREE PROGRAM (Check both boxes, degree and program emphasis):

UNDERGRADUATE PROGRAMS:
☐ Associate of Arts in Ministry
☐ Bachelor of Arts in Christian Studies (Academic Track)
☐ Bachelor of Ministry (Professional Track)

GRADUATE PROGRAMS:
☐ Master of Theological Studies (M.T.S.)
☐ M.T.S. in Pastoral Care
☐ Master Arts (M.A.)
☐ Master of Divinity
☐ Doctor of Ministry

PROGRAM EMPHASIS:

Bachelor’s Completion Only:
☐ Theology
☐ Christian Counseling
☐ Christian Education
☐ Leadership

Master of Arts Only:
☐ Christian Education
☐ Leadership
☐ Christian Counseling

METHOD OF STUDY:

AVAILABLE STUDY METHODS:
☐ Correspondence (submit by postal mail)
☐ Online Learning (submit online)
☐ Participating Resource Centers *

*PLEASE NOTE: If you chose “Resource Center” above, you must indicate your “Resource Center #” in the first section of the Application.

ADDITIONAL PERSONAL INFORMATION:

1. Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

2. Military Service: ☐ Yes ☐ No

   Dates of Service: __________ - __________

   Active Reserve: ☐ Yes ☐ No

   Branch: __________

3. Are you an active member in your Church? ☐ Yes ☐ No

4. Do you serve in a ministry position? ☐ Yes ☐ No

   Position: __________

Name of church you attend: __________

City/State: __________

Pastor’s Name: __________

Pastor’s Phone: __________
ACADEMIC HISTORY:

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<tr>
<th>INSTITUTION &amp; LOCATION</th>
<th>DEGREE/AWARD</th>
<th>MAJOR/CONCENTRATION</th>
<th>GRADUATION DATE</th>
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(Attach extra sheets as required)

MINISTERIAL ORDINATION/LICENSURE:

Check the appropriate box if you hold any one of the following:  
☐ Licensed  ☐ Ordained  ☐ Lay Minister

Denomination/Ministerial Network or Fellowship (include location):

OPTIONAL INFORMATION:

This information is requested for the purpose of reporting to the Federal Compliance Agencies in the United States of America only and will not be used in determining admission status. Completion is voluntary.

Place of Birth:

Date of Birth   ☐ Single  ☐ Married  ☐ Widowed  ☐ Divorced

Sex:  ☐ Male  ☐ Female

Ethnic Origin:  ☐ Native American/Alaskan  ☐ Black, non-hispanic  ☐ Hispanic

U.S., White, non-hispanic  ☐ Other or unknown  ☐ Pacific Islander

REFERENCES:

Please list the name and phone numbers of at least three (3) references. One must be from your local church. The other two can be from your workplace or friends.

Reference 1 Name: ___________________________  Reference 1 Phone: ___________________________

Reference 2 Name: ___________________________  Reference 2 Phone: ___________________________

Reference 3 Name: ___________________________  Reference 3 Phone: ___________________________

U.S. & CANADA ONLY: $50.00 USD APPLICATION FEE PAYMENT INFORMATION (NON-REFUNDABLE)

☐ Pay by Credit Card  Credit Card Number: ___________________________  Exp.(mmyy): ___________________________

☐ Pay by Check or Money Order

☐ I give the Vision International University permission to contact any references listed above.

☐ I have read the Statement of Faith and the Student Code of Conduct and I agree to abide by both.

Date: ___________________________  Signature: ___________________________