

Vision International University USA

PO BOX 1680
Ramona, CA 92065

Phone: 760.789.4700
Fax: 760.789.3023
Email: admissions@vision.edu

PLEASE TYPE OR PRINT CLEARLY:

Personal Information (Required) SSN or National ID#: _____
First Name: _____ Middle Name: _____ Last Name: _____
Postal Address: _____
City: _____ State/Province: _____ ZIP (or Country if not US/Canada): _____
Phone#: _____ E-mail Address: _____
Fax#: _____ Date of Birth: _____ Sex: Male Female

DESIRED 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 & Counseling
- M.T.S. in Christian Education
- Master of Arts (M.A.)
- Doctor of Ministry (D.Min.)

PROGRAM EMPHASIS:

Bachelor's Completion Only:

- Theology
- Christian Counseling
- Christian Education
- Christian Leadership

Bachelor's Completion Only:

- Chaplaincy
- Women's Ministry

Master of Arts Only:

- Christian Counseling
- Christian Leadership

ADDITIONAL PERSON INFORMATION:

Name of church you attend: _____

Church Address:

_____ Street Address

_____ City State Zip Code

Pastor's Name: _____ Pastor's Phone#: _____

Are you an active member in your Church? Yes No

Do you serve in a ministry position? Yes No Position: _____

Military Service: Yes No Dates of Service: _____ to _____

Active Reserve: Yes No Branch: _____

ACADEMIC HISTORY:

INSTITUTION & LOCATION	DEGREE/AWARD	MAJOR/CONCENTRATION	GRADUATION DATE

(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 will not be used in determining admission status. Completion is voluntary.

Place of Birth: _____

Date of Birth: _____ Marital Status: Single Married Widowed Divorced

Sex: Male Female Ethnic Origin: Native American/Alaskan Black, non-hispanic Hispanic
 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.

#1 Name: _____ Phone# _____

#2 Name: _____ Phone# _____

#3 Name: _____ Phone# _____

U.S. & CANADA ONLY: \$50.00 USD APPLICATION FEE PAYMENT INFORMATION

Pay by Credit Card

Pay by Check or Money Order

Credit Card Number: _____

Exp.(mmyy): _____



I give the Vision International Education Network permission to contact any references listed above.

CVV: _____



Date: _____

Signature: _____