



APPLICATION FOR ADMISSION

1559 E. Howard St., McGavaran L-6 Pasadena, CA 91104
P.O. Box 3003, Covina, CA 91722
(626) 296-7502, Fax 626 296-7582; Registrar (626) 827-6405
E-Mail: MyPCU@AOL.COM

Undergraduate Graduate

RECENT
PHOTO

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

PHONE: _____ EMail: _____

SOCIAL SECURITY # _____ - _____ - _____

Date of Birth: _____ - _____ - _____ (MM/DD/YY)

CONCENTRATION OF STUDY - Year of Enrollment: _____

CERTIFICATE PROGRAM Christian Counseling Evangelism Christian Leadership Biblical Studies Care Givers Program Chaplains Program II

ASSOCIATE PROGRAM

BACHELOR PROGRAM

- Theology
- Missions
- Christian Education
- Christian Counseling

MASTERS PROGRAM

- Divinity

PERSONAL DATA

Type of Resident: U.S. Citizen Foreign Student from _____ (country)

Resident Alien Visitor's Visa Student Visa

Sex: Male Female

Marital Status: Single Divorced Widow(ed)

If (Re) Married, Spouse's name: _____

Spouse's Occupation _____

Religious Denomination: _____

Name of Church you attend: _____ Regularly Occasionally. Are you a member? Yes No

Present Ministerial Position: Ordained Licensed Lay Ministry

Senior Pastor's Name and Address: _____

EDUCATION

School Name and Address	Years Attended, Major	Year Graduated and Degree
High School:		
College:		
College:		
College:		
College:		

I certify that all information provided in this application is correct to the best of my knowledge. I authorize Promise Christian University to verify all information I have provided in this application. If admitted to Promise Christian College and University, I commit myself to abide by all rules and regulations of the university, whether academic or disciplinary, to conduct myself at all times in keeping with the purpose of the college, and to apply myself to study and to fulfill the course requirements to the best of my ability.

I understand the materials submitted for admission and information submitted become the property of the university and are not returnable.

I also grant permission for use of my name and/or photograph in school publications and Alumni functions. Yes No

Date: _____

Signature _____