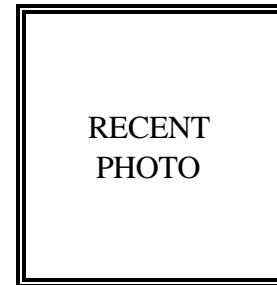


Promise Christian University

Office of Admissions

1605 E. Elizabeth St., U11A Pasadena, CA 91104
P.O. Box 3003, Covina, CA 91722
(626) 827-6405 (626) 296-7502, Fax 626 296-7582
E-Mail: MyPCU@AOL.COM

APPLICATION FOR ADMISSION



NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

PHONE: _____ EMail: _____

STUDENT I.D. # IS YOUR SS# _____ or [] PHONE NUMBER WITH ZIP CODE

(FOREIGN STUDENTS ENTER APPROPRIATE I.D. NUMBER)

CONCENTRATION OF STUDY - Year of Enrollment: _____

[] Certificate Program [] Pastoral Counseling [] Evangelism [] Christian Leadership [] Bible Doctrines

ASSOCIATE PROGRAM [] Biblical Studies

BACHELOR PROGRAM

- [] Theology
- [] Pastoral Ministry
- [] Christian Education
- [] Christian Counseling
- [] Sacred Music
- [] Christian Organizational Management

MASTERS PROGRAM

- [] Theology
- [] Christian Education
- [] Christian Counseling
- [] **MASTER OF DIVINITY**

DOCTORATE PROGRAM

- [] Doctor of Ministry
- [] Christian Counseling
- [] Christian Education
- [] Theology

PERSONAL DATA

Type of Resident: [] U.S. Citizen [] Foreign Student from _____ (country)
[] Resident Alien [] Visitor's Visa [] Student Visa

Date of Birth: _____ 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	Years Attended	Year Graduated and Degree
High School:		
College:		
College:		
College:		
College:		

I certify that all information provided in this application is correct.

Date: _____

Signature _____