# The Logos Christian University

## & Vocational Institute of Technology Inc.

Student Photo

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|---|---|---|---|
| Last Name / Apellido | First / Nombre | Middle | Date |
| Street Address / Direcion Postal | | | Social Security Number |
| City / Cuidad | State / Estado | Zip / Codigo Postal | Home Phone / Telephono |
| Country of Citizenship / Eres Cuidadano ? | | | Office phone |
| Have you ever applied to this school before? ❒ Yes, Date (s) | | ❒ No | Date Of Birth / Nacimiento |
| E-Mail Address / Coreo Electronico | | | Ethnic Origin (optional) |

| EDUCATION Educacion | NAME OF SCHOOL / NOMBRE DE ESCUELA | COURSE OF STUDY | # YEARS COMPLETED | DID YOU GRADUATE? | DIPLOMA OR DEGREE |
|---|---|---|---|---|---|
| HIGH SCHOOL | | | | ❒ YES ❒ NO | |
| TRADE OR BUSINESS SCHOOL | | | | ❒ YES ❒ NO | |
| BIBLE INSTITUTE OR SEMINARY | | | | ❒ YES ❒ NO | |
| COLLEGE UNIVERSITY | | | | ❒ YES ❒ NO | |
| GRADUATE SCHOOL | | | | ❒ YES ❒ NO | |

| | | |
|---|---|---|
| Are you an active church member? | Pastor's Name / Nombre de Pastor | How Long? / Cuanto Tiempo |
| Church Name & Address / Iglesia y dirrecion | | Church phone / Telephono de Iglesia |
| List any Church related experience: / Experiencia | | |
| | | |

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|---|---|---|---|
| _____ | ASAP Biblical Knowledge Exam | _____ | Chaplain |
| _____ | Certificate of Biblical Studies | _____ | Master of Christian Clinical Psychology |
| _____ | Certificate of Pastoral Counseling | _____ | Master of Theology / Divinity |
| _____ | Associate of Theology / Divinity | _____ | Master of Clinical Christian Counseling |
| _____ | Associate of Christian Counseling | _____ | Master of Christian Education |
| _____ | Associate of Christian Education | _____ | Doctor of Theology / Divinity |
| _____ | Bachelor of Theology / Divinity | _____ | Doctor of Clinical Christian Counseling |
| _____ | Bachelor of Christian Psychology | _____ | Doctor of Christian Clinical Psychology |
| _____ | Bachelor of Christian Education | _____ | Doctor of Christian Education |

I certify that, to the best of my knowledge, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. Please submit a **$150.00** non-refundable application fee with this application and a recent photograph to the Office of Admissions, 712 N. John Young Pkwy Kissimmee Florida 34741. Payable to The Logos Christian University Inc.

Applicant's Signature _____ Date _____

Dean of Admission Approval _____ Date _____

President Approval _____ Date_____