

**SCHOOL OF MINISTRY**  
of  
**THE CHRISTIAN UNIVERSITY**

*Main Office:*  
534 East 29<sup>th</sup> Street – Suite 1 - Paterson, NJ 07504

Tel: (973) 523-3966 • Fax: (973) 215-2414

**APPLICATION FOR ADMISSION**

Campus: \_\_\_\_\_

*Please type or print.*

Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Address: \_\_\_\_\_ Gender:  Male  Female

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Program of Study:*

First Year

Second Year

Third Year

*General Information:*

Single:  Married:  Divorced:  Widow(er):

Member of which church? \_\_\_\_\_

Involved in what ministries of the church? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Phone Number: (\_\_\_\_\_) \_\_\_\_\_

CERTIFICATIONS:

**STUDENT:** I agree to comply with all the requirements of the School of Ministry. I promise to meet all the financial obligations related to my studies at the School of Ministry.

Signature & Date: \_\_\_\_\_

**PASTOR:** By signing this Application for Admission, I am certifying that I give pastoral approval for the applicant to attend the School of Ministry of the Christian University.

Signature & Date: \_\_\_\_\_

*Please include a \$45.00 registration fee. (This fee is non-refundable.)*