



# APPLICATION FORM

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**GENERAL INFORMATION:**

I am applying as a:  Domestic Student  Initial Student  Transfer Student  COS Student

I am applying for:  Associate of Religious Music  
 Master of Religious Music  
 Master of Business Administration and Christian Leadership

Term: Spring 20\_\_\_ / Summer 20\_\_\_ / Fall 20\_\_\_

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**STUDENT INFORMATION:**

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Last Name	First Name	Middle	Date of Birth	Gender
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Mailing Address / US Address	City	State	Zip Code
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Home Country Address

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City	State/Province	Country	Zip Code
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Citizenship	City of Birth	Country of Birth
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Email: \_\_\_\_\_ Social Security Number (if applicable) : \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ (if applicable)

**Dependents(F-2):**

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Last Name	First Name	Middle	Date of Birth	Relationship
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Last Name	First Name	Middle	Date of Birth	Relationship
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Last Name	First Name	Middle	Date of Birth	Relationship
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**EDUCATION:**

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Name of High School Graduated \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Do you have a GED Certificate? ( ) Yes ( ) No If yes, give location and date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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Name of College or University Attended/Graduated \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

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Degree \_\_\_\_\_ Major \_\_\_\_\_ Date of Graduation/Date of Last Attendance \_\_\_\_\_

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Name of College or University Attended/Graduated \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

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Degree \_\_\_\_\_ Major \_\_\_\_\_ Date of Graduation/Date of Last Attendance \_\_\_\_\_

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**EMMERGENCY CONTACT:**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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**SIGNATURE OF APPLICANT** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year