

Application for Admission

RHEMA UNIVERSITY



37 N. Orange Ave. Admissions -500 Orlando FL 32801

Phone: 1-877-270-0349 Fax: 1-866-261-5128

First time Students: Complete all information and also enclose the \$50 non-refundable application fee.

Please print in black in or type all information

Legal Name: Mr. Mrs. _____ Miss _____ Male Female
Last First Middle

Birth Date: _____ Place of Birth: _____ Social Security No: _____

Mailing address: _____
Street City State ZIP

Email address: _____ Citizenship: USA Canada Other _____

Non-USA Citizen: Are you a permanent resident? Yes No If yes give Alien Number _____

Telephone number: Home (_____) _____ Work (_____) _____

Current marital status: Single Married Spouse's full name: _____

ADMISSION INFORMATION

Certificate: Workers Certificate Certificate of Ministry Certificate of Theology

Associates: Associates of Ministry Associates of Christian Counseling Associates of Theology

Bachelor: Bachelor of Religious Arts in Theology Bachelor of Religious Arts in Christian Counseling

Bachelor of Religious Arts in Ministry Bachelor of Religious Arts in Elem. Education

Master: Masters of Theology Masters of Christian Counseling Masters of Ministry

Doctorate: Masters of Theology Doctor of Christian Counseling Doctor of Ministry

EDUCATION

Please list all Colleges, Bible Institutions, or technical Schools you have attended. If you have attended more than two School, submit additional Schools information on a separate sheet of paper.

Name High School: _____ Date you graduated : ____/____/____

Mailing address: _____
Street City State ZIP

Name of School: _____ Date: ____/____/____ Degree received: _____

Mailing address: _____
Street City State ZIP

Name of School: _____ Date: ____/____/____ Degree received: _____

Mailing address: _____
Street City State ZIP

PERSONAL

Has any member of your family ever applied for admission or are a currently a student at Rhema University?

Yes or No

If yes, give the names and relationship _____

