

Application For Admission Rhema University



P.O. Box 770897 Winter Garden, FL 34777

Phone Number: 1-866-75-RHEMA Fax: (407) 654-1773

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

Please print in black ink or type all information.

Legal Name: Mr. _____ Male
Mrs. _____ Female
Miss _____ 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 numbers: Home (_____) _____ Work (_____) _____

Current marital status: (Check all that apply.) Married Spouse's full name: _____

Never married Widow or Widower Separated Divorced Remarried Single Parent

ADMISSION INFORMATION

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

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

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

Doctorate: Doctor of Theology Doctor of Christian Counseling

EDUCATION

Please list all colleges, Bible institutes, or technical schools you have ever attended. If you have attended more than two schools, submit additional school information on a separate sheet.

Name High school: _____ Date you graduated: _____

Mailing address: _____
Street City State ZIP

Name of school: _____ Dates: _____ Degree received: _____

Mailing address: _____
Street City State ZIP

Name of school: _____ Dates: _____ 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. _____
