



Life Christian University

THE APPLICATION PROCESS - AUDIT STUDENTS

1. Completely fill out the application.

IMPORTANT: Use the *Degree Student* application if you desire to work toward your degree. Use the *Audit Student* application if you are working toward an Audit Student's Certificate of Attendance.

Any omissions will cause the application to be returned to you, and your enrollment will be delayed.

2. Read the *Student Handbook and Course Catalog* and sign the Student Handbook Affidavit on the last page.
3. Submit completed application materials to the Director no later than the first night of class. Include a payment of \$35.00, payable to your campus, to cover the application process.

FOR LCU OFFICE USE ONLY

STUDENT ID	DATE RECEIVED	DATE ENTERED INTO C-R	ENTERED BY	
CAMPUS CODE	DATE APPROVED	DATE ASSESSED	ASSESSED BY	DESIGNATED STUDENT ADVISOR



Life Christian University

AUDIT STUDENT APPLICATION

IMPORTANT:

- Please PRINT or TYPE.
- ANSWER ALL QUESTIONS. Application will not be processed nor academic standing assessed unless all questions are answered & the application signed & dated by the applicant.
- Do not leave any question blank. Put "N/A" if an item does not apply.

1. PERSONAL INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	LAST NAME	FIRST NAME	MI	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME (IF APPLICABLE)	PRI. LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH
<input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MISS <input type="checkbox"/> DR.						
MAILING ADDRESS		CITY	STATE OR PROVINCE	ZIP OR POSTAL CODE	COUNTRY	
HOME AREA CODE & PHONE NUMBER		WORK AREA CODE & PHONE NUMBER		CELLULAR AREA CODE & PHONE NUMBER		
PRIMARY E-MAIL ADDRESS						
SECONDARY E-MAIL ADDRESS						
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC	<input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN	CITIZEN OF <input type="checkbox"/> USA <input type="checkbox"/> OTHER (PLEASE SPECIFY)	PLACE OF BIRTH	DATE OF BIRTH (MM/DD/YYYY)

Non-Discrimination Policy

This institution does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT BEFORE SIGNING.

I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance into the Audit Program.

SIGNATURE

DATE

***Make a payment of \$35 for your application fee, payable to your local campus.
Submit this completed application to the Director.***

4. PLEASE STATE YOUR SALVATION TESTIMONY

5. PLEASE BRIEFLY STATE YOUR EDUCATIONAL & MINISTRY GOALS

I am planning to upgrade my course work to receive academic credit at some point in the future.