

LIFEUNIVERSITY

555 W. REDONDO BEACH BLVD.
GARDENA, CA 90248
(310) 756-0001
LIFEUNIVERSITYUS.ORG

STUDENT ADMISSION APPLICATION

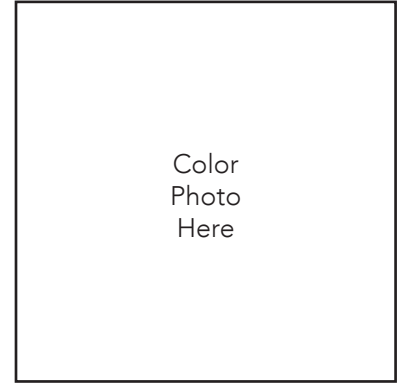
Date: _____

Term: Fall Winter
 Spring Summer

Year: _____

Program Type: On-Campus Distance Learning

Visa Information: Resident Int'l Student Other _____



PROGRAM/DEGREE TITLE

THEOLOGY

- Bachelor of Arts in Theology
- Master of Arts in Religion
- Master of Divinity
- Master of Theology
- Doctor of Ministry
- Doctor of Theology

ORIENTAL MEDICINE

- Master of Oriental Medicine
- Doctor of Oriental Medicine in Research Advancement

BUSINESS

- Associate of Arts in Accounting
- Bachelor of Business Administration
- Master of Business Administration
- Doctor of Business Administration

LANGUAGES

- ESL 100 Certificate
- ESL 200 Certificate
- ESL 300 Certificate
- TESOL Certificate

APPLICANT INFORMATION

Applicant's Name: _____ Social Security #: _____

Street Address: _____ Phone #: (____) ____-_____

_____ Phone #: (____) ____-_____

Email Address: _____ Date of Birth: _____

Ethnicity: _____ Gender: Male Female

OCCUPATIONAL INFORMATION

Occupation: _____ Employer Name: _____ Work Phone: (____) ____-_____

Street Address: _____ City: _____ State: ____ Zip Code: _____

Name of Supervisor: _____ Phone Number: (____) ____-_____

EMERGENCY CONTACT

Emergency Contact Name: _____ Relationship: _____

Phone Number: (____) _____ - _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: (____) _____ - _____

EDUCATIONAL INFORMATION

School Name: _____ Major: _____ Graduation Date: _____

School Address: _____

School Name: _____ Major: _____ Graduation Date: _____

School Address: _____

School Name: _____ Major: _____ Graduation Date: _____

School Address: _____

AFFIRMATION OF FACTS & SIGNATURE

I certify that all of the above statements are true and correct to the best of my knowledge. Falsification of information may result in the termination of my enrollment at Life University.

Applicant Signature: _____

Date: _____