



**Application for Admission**

**DIRECTIONS:** Please legibly complete this application in its entirety. Submit this form, along with all required documents and \$25 non-refundable application processing fee to P.O. Box 12811 Wilmington, NC 28405.

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**I wish to enroll:**  Full Time     Part Time    **First Semester:**  Fall 20\_\_\_\_     Spring 20\_\_\_\_     Summer 20\_\_\_\_

**Desired degree:**  Leadership Certificate Program (6-weeks)  Certificate  Diploma  Associates (2-year)  
 B.A.  M.A.  D.Min

**Home Address** \_\_\_\_\_ **Apt.** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ *(if different)* **Apt.** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Gender:**  Male  Female    **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Marital Status:**  Single  Married  Widowed  Divorced    **Spouse's Name:** \_\_\_\_\_

**Local Church Name:** \_\_\_\_\_ **Denomination:** \_\_\_\_\_

**Local Church Address** \_\_\_\_\_ **Apt.** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**High School Information:** Please list all high school(s) attended, regardless of term completion status.

High School Attended	City	State	Starting Month / Year	Ending Month / Year	Diploma(s) / Certificates Earned

**Post-Secondary Institutions:** All applicants are required to disclose all previous coursework for college degree credits, including dual enrollment coursework. Official transcripts are required to be submitted by each institution to Mt. Calvary University prior to the start of post-secondary program coursework at MCU.

College Attended	City	State	Starting Month / Year	Ending Month / Year	Degree(s) Earned

Did you leave the last college you attended in good standing, both academically and socially?  Yes  No

If you answered "No," please elaborate further here: \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact Information:** Full (Legal) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

**Mailing Address** (if different) Apt. City State Zip

**Spiritual Statement**

Please paper-clip a one-page, double-spaced typed statement that outlines your spiritual journey that has led you to Mt. Calvary University. Describe your personal experience relating to your call to the ministry and how you feel you have been led by God throughout your life to the present point. An exemplar statement is a personal narrative in nature, is concise, and free of spelling and grammatical errors. Applicants are encouraged to demonstrate their professionalism and personal commitment to their educational journey to the committee through this statement.

**Required Documents Checklist**

- Completed application (this form)
- Submitted transcripts from all previous post-secondary institutions
- Attached Spiritual Statement
- Remission of \$25 non-refundable application fee
- Proof of Immunizations (provided by your medical professional)

**Affidavit**

I, \_\_\_\_\_ (printed name), hereby certify that the information submitted in this application and any accompanying statements is complete and true to the best of my knowledge. I understand the type of diploma I am applying for and acknowledge that neither Mt. Calvary University or Accrediting Commission International is responsible for my employment after completing this program.

Printed Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_