



THE KING'S UNIVERSITY

THE KING'S SEMINARY

Jack W. Hayford, Founder

OFFICE OF ADMISSIONS
14800 Sherman Way, Van Nuys CA 91405-2233
Phone: 818-779-8040 • Fax: 818-779-8429

Vertical label: Name
Vertical label: LAST
Vertical label: FIRST

AUDIT (NON-CREDIT) STUDENT APPLICATION FOR ADMISSION

Social Security Number _____ () Mr. () Mrs. () Miss () Rev. () Dr.

Name _____
LAST FIRST MIDDLE MAIDEN

Mailing Address _____
NUMBER AND STREET CITY/TOWN ZIP

Phone: Home () _____ Work () _____ Cell () _____

Fax Number () _____ E-Mail _____

I plan to attend: Fall Winter Spring Summer Year _____

PERSONAL DATA

Country of Citizenship _____ If non-USA, type of Visa _____

Type of Resident () US () Immigrant Visa (Permanent Resident)

National Origin () Asian Pacific () African American () Hispanic () Caucasian () Other

Birth Date _____ Age _____ Gender Male Female

Marital Status Never Married Widowed Divorced Married

EDUCATIONAL BACKGROUND

HIGH SCHOOL	CITY/STATE	DATE OF GRADUATION
COLLEGE OR UNIVERSITY	CITY/STATE	DATES ATTENDED MAJOR DEGREE EARNED
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CHURCH AFFILIATION

Demonination/Church Affiliation/Local Church _____ Are you a member? () Yes () No

Pastor's Name _____ Do you attend regularly? () Yes () No

WORK EXPERIENCE

Current Employer _____ Telephone _____

Name of Supervisor _____ Length of Current Employment _____ Job Title _____

I am in agreement with the Statement of Faith of The King's Seminary as stated in the Student Catalog. I understand that Non-Credit work will not count toward a diploma or degree and will not be recorded on a transcript.

Signature: _____ Date: _____