



**FLORIDA CHRISTIAN UNIVERSITY**

# ENROLLMENT APPLICATION

Florida Christian University, Inc.  
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Orlando, Florida 32819-8347 USA  
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## GENERAL INFORMATION

TITLE Rev Dr Mr Ms Mrs FIRST NAME MIDDLE NAME

LAST NAME GENDER  MALE  FEMALE

ADDRESS Number, Street, Apartment

CITY STATE ZIP CODE

COUNTRY PREFERRED LANGUAGE  ENGLISH  PORTUGUESE  SPANISH

( ) HOME PHONE ( ) WORK PHONE ( ) MOBILE PHONE

E-MAIL ADDRESS

## PERSONAL INFORMATION

DATE OF BIRTH STATE OF BIRTH COUNTRY OF BIRTH

SOCIAL SECURITY NUMBER RACE  AMERICAN INDIAN OR ALASKA NATIVE  BLACK OR AFRICAN  HISPANIC OR LATINO  WHITE OR CAUCASIAN  ASIAN OR OTHER

COUNTRY OF CITIZENSHIP SPOKEN LANGUAGES  ENGLISH  PORTUGUESE  SPANISH  OTHER

NEAREST RELATIVE OR FRIEND RELATIONSHIP PHONE NUMBER

## MINISTERIAL INFORMATION

ARE YOU A MINISTER?  YES  NO

SINCE MINISTRY 1

MINISTRY 2

## HIGH SCHOOL INFORMATION

NAME OF HIGH SCHOOL

CITY STATE COUNTRY DATE OF GRADUATION

SPECIALIZATION

## UNIVERSITY, COLLEGE, SEMINARY INFORMATION

DEGREE I - HIGHEST

NAME OF UNIVERSITY, COLLEGE OR SEMINARY

CITY STATE COUNTRY

DEGREE EARNED DATE OF GRADUATION

**DEGREE II**

NAME OF UNIVERSITY, COLLEGE OR SEMINARY

CITY STATE COUNTRY

DEGREE EARNED DATE OF GRADUATION

**DEGREE III**

NAME OF UNIVERSITY, COLLEGE OR SEMINARY

CITY STATE COUNTRY

DEGREE EARNED DATE OF GRADUATION

**EDUCATIONAL GOAL (PLEASE CHECK ONLY ONE)**

DEGREE LEVEL	DEGREE AREA
<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> COUNSELING (AS / BA / MA - 60 CREDITS)
<input type="checkbox"/> BACHELOR	<input type="checkbox"/> CLINICAL COUNSELING/PSYCHOLOGY (MA / PhD ONLY)
<input type="checkbox"/> MASTER	<input type="checkbox"/> MULTIFOCAL CLINICAL PSYCHOLOGY (MA/PhD ONLY)
<input type="checkbox"/> DOCTORAL	<input type="checkbox"/> COACHING
<input type="checkbox"/> POST DOCTORAL	<input type="checkbox"/> BUSINESS ADMINISTRATION
	<input type="checkbox"/> BUSINESS ADM. IN NEUROMARKETING (MS/PhD ONLY)
	<input type="checkbox"/> BUSINESS ADMINISTRATION IN HEALTHCARE (MS)
	<input type="checkbox"/> EDUCATION
	<input type="checkbox"/> MULTIFOCAL EDUCATION (MA/PhD ONLY)
	<input type="checkbox"/> PRINCIPLED EDUCATION (MA ONLY)
	<input type="checkbox"/> THEOLOGY
	<input type="checkbox"/> BIBLICAL STUDIES
	<input type="checkbox"/> PASTORAL LEADERSHIP

**AGREEMENT**

**ENROLLMENT FEES**

	PROGRAM	APPLICATION AND PROCESSING	TUITION 3 CREDITS	TECHNOLOGY FEE	TOTAL ENROLLMENT COST	GRADUATION FEE
<input type="checkbox"/>	ASSOCIATE 60 CREDITS	260.00	240.00	120.00	620.00	180.00
<input type="checkbox"/>	BACHELOR 126 CREDITS	260.00	240.00	120.00	620.00	180.00
<input type="checkbox"/>	MASTER 60 / 90 CREDITS	260.00	300.00	120.00	680.00	180.00
<input type="checkbox"/>	DOCTOR 60 / 90 CREDITS	260.00	360.00	120.00	740.00	180.00
<input type="checkbox"/>	POST DOCTORAL 60 CREDITS	260.00	390.00	120.00	770.00	180.00
<input type="checkbox"/>	INTERNATIONAL ANGOLA BACHELOR	260.00	480.00	120.00	860.00	180.00
<input type="checkbox"/>	INTERNATIONAL ANGOLA MASTER	260.00	600.00	120.00	980.00	180.00
<input type="checkbox"/>	INTERNATIONAL ANGOLA DOCTOR	260.00	720.00	120.00	1,100.00	180.00
<input type="checkbox"/>	INTERNATIONAL ANGOLA POST DOCTORAL	260.00	780.00	120.00	1,160.00	180.00

**STATEMENTS**

I, as the applicant, hereby indicate by my initials on each page and my signature that:

- I have read and understand Florida Christian University's Catalog;
- I acknowledge that no other representations have been made to me than those stated in the FCU Catalog;
- I agree to uphold and abide by the policies of this institution;
- I have answered all questions accurately and have informed the truth to the best of my ability in this enrollment application;
- I agree to the release of my transcripts and test scores to this institution;
- I have been notified of my rights as a student;
- I understand that all applicable fees for enrollment into the University must be paid at the time of the application (Application and Processing, Technology, first part of Tuition);

- I understand that Florida Christian University is not a fully accredited institution. It operates under the Commission for Independent Education, an agency of the Florida Department of Education, as a religious institution that meets the requirements found in Section 1005.06(1)(f), Florida Statutes and Rule 6E-5.001, and is exempt from state licensure. FCU is a member in good standing of The Florida Council of Private Colleges, Inc (FCPC) and is certified by the Council of Private Colleges of America (CPCA);
- I understand that the validation process of a degree in a foreign country is not a responsibility of Florida Christian University;
- I am aware that FCU does not release student records or transcripts to a third party without a written authorization;
- I understand that any consulate matter is not a responsibility of Florida Christian University, and consulates in some countries do not recognize documentation of institutions that are not fully accredited.

**METHODS OF PAYMENT**

- Payment can be done in person, by mail or authorizing the debit in your major credit card. It can be paid in cash, personal check, PayPal or money order, at our headquarters in Orlando, Florida
- Checks and money orders must be payable in the United States, in US dollars, to Florida Christian University
- Payment can be done also using American Express, Visa, Master, Discover or other debit cards, by issuing a formal authorization to the University

**DEBIT AUTHORIZATION**

I authorize the enrollment fees and/or monthly payments on my credit/ debit card on the agreed due date until the contract is satisfied in full, according to the Payment Schedule defined within the Student Enrollment Agreement

- ENROLLMENT FEES ONLY     
  MONTHLY PAYMENTS ONLY     
  ENROLLMENT FEES AND MONTHLY PAYMENTS

<input type="checkbox"/> <b>VISA</b>	CREDIT CARD NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CCV	<input type="text"/>	<input type="text"/>	<input type="text"/>
	EXPIRATION DATE MM/DD/YYYY	<input type="text"/>	<input type="text"/>	ENROLLMENT FEES	<input type="text"/>	USD	MONTHLY PAYMENT AMOUNT	<input type="text"/>	USD
<input type="checkbox"/> <b>MASTERCARD</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> <b>AMERICAN EXPRESS</b>	NAME ON CREDIT CARD								
<input type="checkbox"/> <b>DISCOVER</b>	HOME PHONE				ZIP CODE				

APPLICANT'S SIGNATURE

DATE

**CANCELLATION AND REFUND POLICY**

- The enrollment application results in verification of documents, assignment of class, allocation of instructors, and other provisions for the student, for which FCU administration must commit in advance
- I understand that the Application and Processing fee is non-refundable, if the applicant fails to withdraw within three business days after the enrollment application is submitted and payments made
- I understand that the enrollment application is subject to acceptance and does not ensure enrollment if conditions required are not fully met. If the applicant is not accepted, enrollment fees shall be refunded to the applicant, excepting the Application and Processing fee
- A student's enrollment can be terminated at the discretion of the institution at any time, for violation of rules and policies as outlined in the FCU's Catalog and in this agreement. I understand that FCU reserves the right to modify the rules and policies as needed, and that I will be advised of any modification

**GRADUATION REQUIREMENTS**

- I understand that in order to graduate from the program and to receive a diploma, I must complete the required number of scheduled clock hours as specified in the Catalog and on the Enrollment Agreement, pass all written and practical examination with 70% average and satisfy all financial obligations to the University

ACKNOWLEDGEMENT

- I understand that only upon submission of this Application, payment of the applicable fees, and acceptance by the Institution, I shall sign the Enrollment Agreement, thereby effectuating my enrollment with the University, and enabling me to begin my program

NOTICE TO PROSPECTIVE STUDENTS

- Do not sign this Enrollment Application before you have read it or if it contains any blank spaces

SIGNATURE OF APPLICANT (WITH HIS/ HER INITIALS PLACED ON OTHER PAGES)

I have read, understood, and agreed to the terms set forth herewith and to the rules and policies stated in FCU's Catalog

[Signature line]

APPLICANT'S SIGNATURE

[Date line]

DATE

REQUIREMENT FOR STUDENT UNDER AGE OF 18

If this student is under the age of 18, a parent or guardian must sign below.

[Signature line]

SIGNATURE OF PARENT OR GUARDIAN

[Date line]

DATE

DO NOT WRITE BELOW THIS LINE (FOR THE UNIVERSITY USE ONLY)

PAYMENT OF ENROLLMENT FEES

AMOUNT PAID USD

[Amount paid grid]

CASH

CREDIT CARD

PAYPAL

CHECK

MONEY ORDER

WIRE TRANSFER

DEPOSIT

OTHER

[Date line]

DATE

[Signature line]

SIGNATURE OF FLORIDA CHRISTIAN UNIVERSITY OFFICIAL

[Title line]

TITLE

THIS APPLICATION IS BOUND TO A MASTER PROGRAM APPLICATION, TO MEET DEFINED PRE-REQUISIT