



FLORIDA CHRISTIAN UNIVERSITY

ENROLLMENT

SOLAECE Partnership

Florida Christian University, Inc.
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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 or Passport 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 checked="" 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 ADMINISTRATION IN NEUROMARKETING
	<input checked="" type="checkbox"/> BUSINESS ADMINISTRATION IN HEALTHCARE
	<input type="checkbox"/> BUSINESS ADMINISTRATION IN HOSPITALITY
	<input type="checkbox"/> SOCIAL WORK
	<input type="checkbox"/> MEDIA AND COMMUNICATION
	<input type="checkbox"/> EDUCATION
	<input type="checkbox"/> MULTIFOCAL EDUCATION (MA/PhD ONLY)
	<input type="checkbox"/> PRINCIPLED EDUCATION
	<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 FEES	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 checked="" 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, here indicate by my signature, that:
- I have read and have understood the Florida Christian University's Catalog and agree to abide by the standards as set forth;
 - I acknowledge that no other representations have been made to methan stated in the Catalog;
 - I agreed to uphold the policies of this institution;
 - I have answered all Enrollment questions accurately;
 - I have told the truth to the best of my ability in this Enrollment;
 - 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 enrollment (Application, Evaluation, Registration, Technology and First Tuition);

ACKNOWLEDGEMENT

- This contract contains the entire agreement between Florida Christian University and me, and no further modification or representation except as herein expressed in writing will be recognized.

NOTICE TO PROSPECTIVE STUDENTS

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

SIGNATURE OF APPLICANT

I have read, understood, and agree to follow the norms and policies stated in the University's Catalog.

[Signature line for applicant]

APPLICANT'S SIGNATURE

[Date line with slashes]

DATE

REQUIREMENT FOR STUDENT UNDER AGE OF 18

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

[Signature line for parent or guardian]

SIGNATURE OF PARENT OR GUARDIAN

[Date line with slashes]

DATE

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

PAYMENT OF ENROLLMENT FEES

AMOUNT PAID USD

[Amount paid input field with commas and decimal point]

CASH

CREDIT CARD

PAYPAL

CHECK

MONEY ORDER

WIRE TRANSFER

DEPOSIT

OTHER

[Signature line for treasurer]

TREASURER'S SIGNATURE

[Date line with slashes]

DATE

[Signature line for Florida Christian University official]

SIGNATURE OF FLORIDA CHRISTIAN UNIVERSITY OFFICIAL

[Title line]

TITLE