



# UNIVERSITY OF CHRISTIAN STUDIES AND SEMINARY

*Application for Admission and Enrollment*

P.O. Box 770454 (10440 Frontage Rd.)

Eagle River, Alaska 99577

Phone: 907-696-6062 Fax: 696-6082

(Enrollment in any UCSS course establishes a "Scholastic membership" with Until That Day Ministries International. UTDMI is an independent ministry meant to assist the student in accomplishing educational and ministerial goals. The student may continue membership with UTDMI after the academic process has been completed if so desired.)

## PERSONAL INFORMATION

*Please complete all information requested. Information provided on this application is kept completely confidential and is not considered public data. Only UCSS personnel will have access to this application. The information provided is intended to help UCSS serve you better in the completion of your educational goals. A counselor to help you with the admissions process is available by calling one of the given numbers.*

Date of Application \_\_\_\_\_ SSAN \_\_\_\_\_

Mr. Mrs. Ms. Rev. Dr. (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Emergency Ph. \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M F Marital Status: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Church: (name) \_\_\_\_\_ (address) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

(denomination) \_\_\_\_\_ (Pastor's name) \_\_\_\_\_

Please list three personal (non-relative) references: (name, address, city, state, zip, phone number)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## ACADEMIC INFORMATION

High School Graduate: Yes \_\_\_ No \_\_\_ Will Graduate (Date) \_\_\_\_\_ GED \_\_\_ Other \_\_\_\_\_

Have you ever attended UCSS before? Yes\_\_\_ No\_\_\_ (If so, when?

List those colleges and universities attended (Use a separate sheet of paper if necessary)

\_\_\_\_\_ Degree Earned \_\_\_\_\_

\_\_\_\_\_ Degree Earned \_\_\_\_\_

\_\_\_\_\_ Degree Earned \_\_\_\_\_

\_\_\_\_\_ Degree Earned \_\_\_\_\_

\_\_\_\_\_ Degree Earned \_\_\_\_\_

Total Undergraduate Credits Earned \_\_\_\_\_ Total Graduate Credits Earned \_\_\_\_\_

Note: If students wish to transfer credits, they are required to request official transcripts from colleges attended to be sent directly to UCSS. No official evaluation of transcripts will be made based on copies alone. No transfer of credits will be possible without an official transcript in your file.

Campus Students: When do you plan to enter UCSS? Year \_\_\_\_\_ Semester: F Sp Su  
Would you prefer to engage distance education? Yes\_\_\_ No\_\_\_

**PROGRAM OF STUDY**

Please specify your degree plan. Locate the degree toward which you will be working (i.e., Associates Degree), and then place a check beside your desired major (i.e., Biblical Studies).

Degree	Majors		
Diploma (30 credits)	___Biblical Counseling	___Biblical Studies	___Christian Education
Associates Degree (60 credits)	___Biblical Counseling	___Biblical Studies	___Christian Education
Bachelors Degree (120 credits)	___Biblical Counseling	___Biblical Studies	___Christian Education
Masters Degree (36 credits)*	___Biblical Counseling	___Biblical Studies	___Christian Education
Doc. of Biblical Studies (36 credits)**	___Biblical Counseling	___Biblical Studies	___Christian Education
Doc. of Ministry (45 credits)**	___Biblical Counseling	___Biblical Studies	___Christian Education
Doc. of Theology (60 credits)**	___Biblical Counseling	___Biblical Studies	___Christian Education

\* Number of credits needed beyond Bachelors Degree  
\*\* Number of credits needed beyond Masters Degree

The following is provided for your convenience. After reviewing the catalog, select the courses in the order you would like to begin your studies. Do not select courses you may have already taken at another college or university. Once you have enrolled, an academic counselor will assist you in developing your complete degree program.

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_ 4<sup>th</sup> Choice \_\_\_\_\_

5<sup>TH</sup> Choice \_\_\_\_\_ 6<sup>th</sup> Choice \_\_\_\_\_

**FINANCIAL AGREEMENT**

**Select a Method of Payment: (You must select at least one)**

\_\_\_ Pay application fee, book costs (if any) and total tuition.

\_\_\_ Pay application fee, book costs (if any) plus 1/3 of tuition, and make three equal monthly payments of \_\_\_\_\_ per course.

\_\_\_ Pay application fee and make monthly payments on tuition and books. Three equal payments of \_\_\_\_\_ will be made per course on balance.

\_\_\_ Other (All other financial arrangements must be approved by the President UCSS)

Please describe the financial arrangements you have made with UCSS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount submitted with this application: \_\_\_\_\_

Note: Application fees will not be refunded under any circumstances.

UCSS may refund fees paid for books and other materials if they are in new condition.

Tuition refunds are given at the complete discretion of UCSS. No tuition refund will be allowed once classes have started or if any materials have been used.

Book fees vary per course. You may obtain prices from the Registrar's office.

I understand and accept all the terms of the financial arrangement listed in this application (\_\_\_\_\_)  
initials

<b><u>TUITION AND FEES</u></b>	
<b>Application Fee:</b>	50.00 (all programs)
<b>Undergraduate:</b>	\$55.00 per semester hour
<b>Masters Degree:</b>	\$65.00 per semester hour
<b>Doc. of Biblical Studies</b>	\$70.00 per semester hour
<b>Doc. of Ministry:</b>	\$70.00 per semester hour
<b>Doc. of Theology:</b>	\$75.00 per semester hour
<b>Auditing Fee</b>	\$25.00 per semester hour
<b>Graduation Fee</b>	\$50.00 (all levels)

How did you hear about UCSS? \_\_\_\_\_

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**APPLICATION/ENROLLMENT AGREEMENT**

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**\*\*The application fee of 50.00 must be paid in full before it can be processed by the Registrar's office. Make sure that this form is fully completed before returning it to UCSS.\*\***

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This agreement is binding by signature whether faxed, mailed or rendered in person and initial payment is acceptable as a firm commitment in good faith by all parties.

(Over)

***THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THE STUDENT'S SIGNATURE***

I certify that I have read and agree with the terms of this application and those listed in the college catalog.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian if applicant is under 21 years of age

\_\_\_\_\_  
Date