

South Orlando Christian University

704 McLeod Ave. , Haines City FL. 33844 • 407-316-2988



APPLICATION FOR ADMISSION

Please Type or Print Clearly

Name: _____ SSN# _____ - ____ - ____
Address: _____ Sex: M F
City: _____ State: _____ Zip: _____
Phone: Day (____) _____ Evening (____) _____
Email*: _____ Date of Birth: ____ / ____ / ____

Grade Levels

- | | |
|--|--|
| <input type="checkbox"/> Certificate of Biblical Studies (1 Year) | <input type="checkbox"/> Master of Theological Studies |
| <input type="checkbox"/> Associate of Biblical Studies (2 Years) | <input type="checkbox"/> Doctor of Ministry (D.Min.) |
| <input type="checkbox"/> Ministerial Diploma (3 Years) | <input type="checkbox"/> Doctor of Philosophy (Ph.D.) |
| <input type="checkbox"/> Bachelor of Theological Studies (4 Years) | <input type="checkbox"/> Also interested in Counseling Program |

General Information

Do you serve in a church position? Yes No Position: _____ How long? _____
Pastor's name _____ Pastor's phone (____) _____

References:

Please list the names, addresses, and phone numbers of at least one (1) references from your church, workplace or friends.

Name: Address: _____
Address: _____ City: _____ St.: _____ Zip: _____
Tel: (____) _____ Cell: (____) _____
Your email: _____

Please enclose a \$50.00 registration fee. (Non-refundable)

Payable to: Ministerio Sembrando la Semilla Internacional • Zelle: south.orlando.university@gmail.com

Academic History:

(Copies of transcripts, if applicable, need to be enclosed with your application. Student held transcripts are acceptable for evaluations, but official transcripts sent directly from former Institutions are required for full admission.)

High School: _____

Location: _____ Graduation date: _____

College or Bible Institute: _____ Degree: _____

Location: _____ Graduation date: _____

Graduate or Professional School: _____ Degree: _____

Location: _____ Graduation date: _____

Major: _____ Minor: _____

Academic achievements and/or honors: _____

(Attach extra sheets as required)

This information is requested for the purpose of ordering graduation materials such as cap, gowns and diplomas.

Name as it will appear on Diploma or Degree (Please Print)

Height ___ Weight _____

Accreditation and Authorization Information:

**All lines must be initialed and signed at the bottom.*

_____ **Accreditation: Orlando Christian Univerity Inc.** is not accredited by a United States Department of Education Council for Higher Education Accreditation, approved accrediting agency.

_____ **Florida Authorization: Orlando Christian Univerity Inc.** is **authorized to** operate and grant degrees by the Florida Department of Education's Commission for Independent Education, (850) 245-3200, under Florida Statute 1005.06 (1)(f). Its purpose is to prepare students for religious vocations as ministers, and laypersons in the category of theology.

_____ **Orlando Christian Univerity Inc.** is exempt from licensure and the jurisdiction or purview of the commission pursuant to F.S. 1005.06(1)(f); as a state-authorized (rather than regionally accredited) theological institution. (SOCU) accepts no governmental grants or financial aid.

_____ The studies offered by Orlando Christian Univerity are not in competition with the secular field of training or employment. SOCU was established to train men and women of God and equip them with the tools necessary to be mature, productive, and functioning parts of the local Body of Christ.

_____ I affirm before God that I have read and understand the above statements.

Student Signature* _____ Date: _____

Director Signature* _____ Date: _____