

VISION INTERNATIONAL UNIVERSITY of FLORIDA



1402 Royal Palm Beach Blvd., Suite 707
Royal Palm Beach, FL 33411

Office: (561) 215-2040 email: visionflorida@gmail.com

APPLICATION FOR ADMISSION

Resource Center # _____

Please Type or Print Clearly

Name: _____ SSN# _____ - _____ - _____

Address: _____ Sex: M F

City: _____ State: _____ Zip: _____

Phone: Day (_____) _____ Evening (_____) _____

Email: _____ Date of Birth: ____/____/____

Materials Preferred in: English or Spanish

Certificate of Biblical Studies (1 Year)

Associate of Biblical Studies (2 Years)

Ministerial Diploma (3 Years)

Bachelor of Theological Studies (4 Years)

Master of Theological Studies

Doctor of Ministry (D.Min.)

Doctor of Philosophy (Ph.D.)

All Degrees are awarded in Theological Studies

General Information

1. Single: Married: Divorced: Widowed:

2. Are you an active member in your church? Yes No

3. Do you serve in a church position? Yes No Position: _____ How long? _____

Name and address of the church you attend _____

Pastor's name _____ Pastor's phone (_____) _____

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

Payable to: Vision International University of Florida

Academic History:

(Copies of transcripts, as applicable, need to be enclosed with application or sent for by the student. 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 reporting to the Federal Compliance Agencies only and will not be used in determining admission status. Completion is voluntary.

Place of birth: _____ Date of birth: _____ Male Female

Married Single Divorced Widow (er)

Check ethnic origin: American Indian Asian or Pacific Islander Hispanic Afro-American

References:

Please list the names, addresses, and phone numbers of at least three (3) references from your church, workplace or friends.

Name: _____

Address: _____

City: _____ St.: _____

Tel: (____) _____

Name: _____

Address: _____

City: _____ St.: _____

Tel: (____) _____

Name: _____

Address: _____

City: _____ St.: _____

Tel: (____) _____

Name: _____

Address: _____

City: _____ St.: _____

Tel: (____) _____

Date: _____ Signature: _____