



Crossland Christian University

P. O. Box 721253 Orlando, FL 32872

Telephone (407) 282-7754 Fax 275-5459

www.crosslandchristianuniversity.org

STUDENT ENROLLMENT APPLICATION

PLEASE TYPE OR PRINT LEGIBLY AND FILL IN COMPLETELY

(Use additional pages as needed)

PERSONAL INFORMATION

1. Title (Mr.Ms.Mrs.Miss,Rev.,Dr.) _____
2. Name _____ Soc.Sec. _____
3. Street Address _____
4. City _____ State _____ Zip _____
5. Telephone _____ Business _____
6. Nationality _____ Citizenship _____
7. Race _____ Male _____ Female _____ Date of Birth _____
8. Marital Status: Single Married Widowed Divorced Separated
9. Name of Spouse _____
10. Nationality _____ Citizenship _____
11. What is your current occupation? _____

MINISTERIAL INFORMATION

12. What is the denomination, name and address of your current home church? _____
13. What is the name of the Senior Pastor there? _____
14. What area of work has God called you too? Pastor Teacher Evangelist Music Missions Other
If Other, please explain _____
15. What is your current status in ministry? Ordained Licensed Other _____
16. Organization _____
17. How long in this position? _____

EDUCATION INFORMATION

18. Are you a high school graduate? Yes No GED? Yes No
19. List any formal education you have completed and circle year Years Completed Degree Awarded

Seminary _____	1 2 3 4 5	
College (Private or Public) _____	1 2 3 4 5	
High School _____	1 2 3 4	

- Other completed courses _____
20. Total college credits _____ GPA _____ Theological credits _____ GPA _____
21. What Degree are you applying for at Crossland Bible College? _____
22. Please attach copies of your high school diploma, GED certificate and any other degrees/certificates.

SCHOLARSHIP INFORMATION

23. will you require scholarship assistance? Yes No
24. Have you ever been refused scholarship assistance? Yes No
25. If you have applied for and received scholarship assistance, please describe _____

RIGHTS OF PRIVACY ACT

The United States Privacy Act, Statute 20, section 1232g and regulations adopted pursuant thereto, hereafter referred to as the Code, requires that each student be notified of the rights accorded him/her by the Code. The following is provided as basic general information relative to the Code.:

The Code provides for the institution to establish a category of student information termed "directory information". When available in college records, any information falling in the category of "directory information" will be available to all persons on request, i.e. IRS, FBI, or other government agencies, and for use in CCBC newsletters or publications. CCBC has identified the following as "directory information"; Student's Name, Address, Telephone Listing, Race, Sex, Date and Place of Birth, Major Field of Study, Church Membership, Denominational Affiliation, Dates of Attendance, Degrees and Awards Received, Most Recent Previous Educational Agency/Institution Attended.

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his/her official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

I indicate by my signature that I have been notified of my rights as accorded by Statute 20, United States Code, section 1232g.

I understand by my signature that while attending Crossland Christian Bible College I have given consent to and agree to uphold the policies of that institution.

Signature _____

Date _____

Do Not Write Below

For Office Use Only		
_____ Photograph	Date Received _____	By _____
_____ High School Diploma/GED	_____	_____
_____ Transcripts	_____	_____
_____ Life Summary	_____	_____
_____ Interview	_____	_____
_____ Evaluation	_____	_____
_____ Confirmation	_____	_____
_____ Check for Tuition/Enrollment	_____	_____