



## THE APPLICATION PROCESS - AUDIT STUDENTS

1. Completely fill out the application.

**IMPORTANT:** Use the *Living Word Ministry University* application if you desire to work toward your college degree. Use the *LWMU Audit Student* application if you are working toward an Audit Student's Certificate of Completion.

Any omissions will cause the application to be returned to you, and your Enrollment will be delayed.

2. Submit completed application to your Campus Director no later than the first night of class. Include a payment of \$35.00, payable to your local campus, to cover the application and evaluation process.



## AUDIT STUDENT APPLICATION

Date: \_\_\_\_\_

<b>IMPORTANT:</b> Please PRINT or TYPE. ANSWER ALL QUESTIONS. Applications will not be processed nor academic standing be assessed unless all questions are answered and the application signed and dated by the applicant. Do not leave any question blank. Put "N/A" if an item does not apply.							
<b>1. PERSONAL INFORMATION</b>							
STUDENT NUMBER	<input type="checkbox"/> MR./MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE	
MAILING ADDRESS			CITY		STATE / PROVINCE	POSTAL CODE	
COUNTRY		HOME AREA CODE & PHONE NUMBER		WORK AREA CODE & PHONE NUMBER			
BIRTHDATE (MM / DD / YYYY)	PLACE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN			
SOCIAL SECURITY NUMBER		E-MAIL ADDRESS		U.S. CITIZEN? <input type="checkbox"/> YES IF NO, WHAT COUNTRY? <input type="checkbox"/> NO			
CHURCH BACKGROUND / DENOMINATION		CHURCH PRESENTLY ATTENDING		PASTOR'S NAME			
PERSON TO NOTIFY IN CASE OF EMERGENCY			RELATIONSHIP	AREA CODE & PHONE NUMBER			

### *Non-Discrimination Policy*

**Living Word Ministry University does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students.**

***PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT BEFORE SIGNING.***

**I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the Living Word Ministry University Audit Program.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Make a payment of \$35 for your application fee, payable to your local campus.  
Submit this completed application to your Campus Director.*

07/14/09

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Form:Stu-1A

## 2. SALVATION TESTIMONY

PLEASE GIVE YOUR SALVATION TESTIMONY.

## 3. MINISTRY GOALS

PLEASE BRIEFLY STATE YOUR MINISTRY GOALS.

I am planning on transferring my enrollment to LWMU and upgrade my coursework to receive college credit at some point in the future.