



Logos Christian College & Graduate School

APPLICATION FOR ADMISSION

P.O. BOX 351477
Jacksonville, FL 32235
(904) 329-1723 Fax: (904) 527-3581
E-mail: info@logoseducators.net Web-Site: www.logos.edu



Today's Date _____

Current Degree to be pursued:

- ___ Certification (non-degree)
- ___ Associate
- ___ Bachelor
- ___ Master

Desired Major (Degree seeking students only)

- ___ Biblical Studies (Assoc. & Bachelor Only)
- ___ Applied Theology
- ___ Christian Counseling
- ___ Christian Education
- ___ Leadership & Organization

Name of Affiliating School: _____

PERSONAL INFORMATION

Title (Circle one): Mr. Mrs. Miss Ms. Pastor Rev. Other: _____ Sex: M ___ F ___

Full Legal Name: _____

First	Middle / Maiden Name <i>(Circle appropriate one)</i>	Last
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Street: _____ Apt/Unit # _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell phone #: (____) _____

Social Security #: _____ - _____ - _____ E-mail: _____

Birth Date: ____/____/____ U.S. Citizen: Yes ___ No ___

Primary Language: _____ Marital Status: Married ___ Single ___ Divorced ___

Place of Employment: _____ Work Phone: (____) _____

Military: Yes / No If yes, dates served with the U.S. Armed Forces _____

CHURCH INFORMATION

Pastor's Name: _____ Denomination/Affiliation: _____

Church Name: _____ *(Do not abbreviate)*

Church Phone: (____) _____ City/State where church is located: _____

Church WEB address: _____

REMEMBER:

The application must be filled out completely and accompanied by your photograph, cover letter, resume, copies of diplomas or certificates and your payment of (\$60.00 Degree Program \$40-Certificate Program) with check payable to **Logos Christian College**.
Thank you for your cooperation and interest in our College.