

TELEO UNIVERSITY APPLICATION FOR ADMISSION

PERSONAL INFORMATION (Please print clearly)

Name: _____
First/Given Middle Name(s) Last/Family/Surname Former/Maiden Name

Street: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ / _____ / _____ Male Female Marital Status: Single Married
Month / Day / Year

Ethnic Background: Select one or more of the following races that best describe you (for government reporting, not for making admissions decisions):

- American Indian or Alaskan Native Asian Black or African American Hispanic/Latino Native Hawaiian or Other Pacific Islander White

Languages: Please indicate in which language(s) you are proficient in reading or have used for college or graduate study:

- English French Spanish Portuguese Chinese Hindi Other: _____

PROGRAM INTEREST

Please check the *requested program (*Note: Admissions Department applicant review and program approval are required and binding):

- Master of Divinity (Tier 1) Certificate (Tier 1)
 Bachelor Degree (Tier 1 International Students) Diploma in Christian Ministry
 USA Bachelor Degree (requires 30 additional general studies credits) Certificate in Christian Ministry
 Diploma (Tier 1)

MINISTRY INFORMATION

Church Information: (Students must be active in ministry and authorized to implement assignments within a local church)

Please check the Ministry Position that best describes your role in the local church:

- Senior Pastor Associate/Assistant Pastor Church Planter Elder/Church Leader Pastor's Spouse Bishop/Denominational Leader

I have the authorization to implement assignments within the following local church: Yes No

Church Name: _____ Denomination/Network/Independent: _____

Street: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Email: _____ Phone: _____

Describe your responsibilities: _____

EDUCATIONAL BACKGROUND

Please list all secondary schools/colleges/universities attended. Please submit an **official transcript** from each school attended.

School Name	City, State, Country	Dates Attended/Graduation Year	# of Credits or Degree Received
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION

Required Recommendations: (Provide the names and email addresses of those you have asked to complete a **required** Recommendation Form. Download the recommendation forms at www.teleouniversity.org/reference-forms and provide them to the following persons):

1. T-Net Trainer Peer Mentor's Name: _____

Training Center #/Name: _____ Trainer/Peer Mentor's Email: _____

Center Location: City: _____ State/Province: _____ Country: _____

Course 1 Start Date: _____

2. Personal Reference: (Name) _____ Description: Friend Family Member

Co-worker Employer Email Address: _____

3. Local Ministry Practicum Sponsor: (Name) _____ Description: Bishop or Denominational Leader

Head Elder or Church Board Chairman Senior Pastor Mentor Pastor Other local church leader (describe) _____

Email Address/Phone # _____

YOUR TESTIMONY: (Briefly describe how you became a Christian and how you came to feel called to ministry):

ACKNOWLEDGMENTS

- I have read the **Statement of Faith for Teleo University** and affirm my agreement with it. I will respect, adhere to, and support these essential doctrines while associated with Teleo University.
- Christian Service Requirement:** Teleo University trains pastors and church leaders who are currently serving in ministry. I understand that to be accepted and continue as a student, I must have authorization from a local church to implement course assignments.
- I agree to abide by the school's policies and program requirements, including the **Standards of Conduct and Academic Integrity Policy**.
- I affirm that the information submitted in this application is correct and complete. I understand that misrepresenting required application materials may result in the rejection of my application or dismissal after acceptance.
- I authorize any schools or colleges that I have previously attended to release my academic record and related materials as required by the Teleo University Admissions Office.
- I acknowledge that I must submit a **\$50.00 admission fee (non-refundable)**. [Teleo University will process your application. Once enrolled your payment is due by the date specified in your enrollment notification.]

Signature: _____ Date: _____
Month / Day / Year

Nondiscrimination Policy: Teleo University, in its employment, educational, and admissions policies, does not discriminate by race, color, gender, nationality, age, disability, or ethnic origin.