

* Please type the application or print it legibly in black ink.

Phone: 213-700-7974

APPLICATION FOR ADMISSION

Personal Information Name: _ ____ Date of Birth: ____ MM / DD / First Name (middle name) Last Name Driver's License Number: _____ Social Security Number: _____ Address: State City Zip Phone: (HOME): ______ (CELL): ______ Place of Birth: _____ _____ Gender: M 🗌 FΠ Email address: Student Information: a. Are you a citizen of the U.S? Yes Do No b. If no, What is your country of citizenship?___ d. Alien Registration Number (if available): _____ b. Visa Status: _____ ■ When to Start ☐ Spring Quarter, 20___ ☐ Summer Quarter, 20___ ☐ Fall Quarter, 20___ ☐ Winter Quarter, 20___ **■** Degree Programs ☐ Bachelor of Theology ☐ Master of Theology ☐ Master of Divinity ■ Name of a Person in case of emergency Name: ___ Phone: _____ Address: City State Zip ■ Marital Status: Single □ Married ■ Family Relationship Name Sex Date of Birth Country of Citizenship Academic Background (From the most recent degree) Location (city, state, country, if not Name of School Duration (From—to) Degree/Diploma **■** Job/Ministry Experience • Name of Company or Church: Duration: _____ Position: _____ Name of Company or Church: Position: Duration: Notice of Nondiscriminatory policy to students

Rochester University admits students of any race, color, national and ethnic origin to all tight, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.