

DAYSPRING CHRISTIAN UNIVERSITY

University Resource Center: P.O. Box 863, Brookhaven, MS 39602

Tel. (601) 833-4559

APPLICATION FORM

GENERAL INFORMATION

Last Name		First Name		Date
Address			City	
State	Zip Code		Tel #	
Cell #	E-mail			
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security #	
Place of Birth				
Are you a Minister? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you Licensed? <input type="checkbox"/> Local <input type="checkbox"/> Ordination <input type="checkbox"/> Licensed				
Are you <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Separated				
Have you had legal problems? <input type="checkbox"/> YES <input type="checkbox"/> NO Explain in a separate sheet.				

EMPLOYMENT

Employer:	Telephone:
Address:	

ABOUT YOUR CHURCH/PASTOR

Church Name:	Telephone:
Address:	Years of Membership?
Pastor's Name:	Telephone:

EDUCATION (please provide transcripts)

School / University:	Degree:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
School / University:	Degree:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
School / University:	Degree:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES (Please give two references (attach letters if applicable))

Name:	Relation:
Telephone: ()	
Address:	
Name:	Relation:
Telephone: ()	
Address:	

MEMBERSHIPS (clergy, religious, political, government, private)

1.
2.

YOUR INTERESTS: (You may check more than one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Ministry Degree | <input type="checkbox"/> Christian Therapy Degree | <input type="checkbox"/> Christian Education Degree |
| <input type="checkbox"/> Theology Degree | <input type="checkbox"/> Psychology Degree | <input type="checkbox"/> AACT Certification |

YOU ARE REGISTERING FOR: (Check only one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Certificate of Biblical Studies (1 year) | <input type="checkbox"/> Master of Theology | <input type="checkbox"/> Doctor of Theology |
| <input type="checkbox"/> Associate of Ministry (2 years) | <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Doctor of Divinity |
| <input type="checkbox"/> Diploma of Biblical Studies (3 years) | <input type="checkbox"/> Master of Ministry | <input type="checkbox"/> Doctor of Ministry |
| <input type="checkbox"/> Bachelor of Theology (4 years) | <input type="checkbox"/> Master of Christian Therapy | <input type="checkbox"/> Doctor of Christian Therapy |
| <input type="checkbox"/> Bachelor of Christian Therapy (4 years) | <input type="checkbox"/> Master of Psychology | <input type="checkbox"/> Doctor of Psychology |
| | <input type="checkbox"/> Master of Christian Education | <input type="checkbox"/> Doctor of Christian Education |

MINISTRY LICENSE / ORDINATIONAre you a Minister? ☐ YES ☐ NOAre you Licensed? ☐ Local ☐ Ordination ☐ Licensed

What organization endorses your ministry licenses?

Are you interested in being Licensed / Ordained? ☐ YES ☐ NO**MINISTRY INVOLVEMENT**Are you an active member in some area of Ministry? ☐ YES ☐ NO

Position:

How long?

FEES

- ☐ Application of Admissions to Dayspring Christian University (DCU) - _____ USD
- ☐ Credit Transfer from another Educational Institution (per year) - _____ USD
- ☐ Life Experience Credits (per credit) - _____ USD

REQUIREMENTS (attach documents to application)

- ☐ Application. Completely filled out.
- ☐ Official Transcripts from previous Colleges/Universities
- ☐ Copies of Degrees, Certificates,

SIGNATURE AND DATE

I certify that all my responses are true and accurate. I understand that any false information may stop me from being accepted into Dayspring Christian University, and to the American Association of Christian Therapists.

Printed Name

Signature

Date