



LIFESTYLE INTERNATIONAL CHRISTIAN UNIVERSITY

STUDENT APPLICATION LETTER

Dear Applicant,

Thank you very much for your interest in LICU. We are excited to hear that you are going to join us very soon at this life-changing program!

This letter is to explain your Application Process that needs to be completed before we will send out the Acceptance and Assessment Letter, which will enable you to enrol in your first course.

1. Please fill in the Student Application Form, filling in every space and using N/A if needed.
2. Hand the two Recommendation Letters to a Spiritual Leader and to another person who knows you sufficiently enough to be able to fill out this Recommendation for you. Please don't forget to first indicate the information required on the top of both Letters **before** you pass them on!

Be sure to receive them back in a **sealed envelope** in which they need to be forwarded to us together with the rest of your application material.

3. **For students who have completed High School only:**
Send us an official copy of your High School Graduation.

For students who have gone beyond High School and like to receive possible credits for these years of study:

Ask each institution to provide us with official transcripts sent directly to our office for your assessment process. These transcripts need to show the type of studying, the time you attended and the grades / degrees you achieved. *(In order to avoid a 50 EUR Reassessment Fee all transcripts need to be received by the office within 60 days of your application date.)*

Note: You might be expected to pay the college a small fee to cover administrative and postage expenses. Please make sure to provide this when you hand in your request.

4. Submit all **completed** application material together with three passport photos and the Application Fee of 35 EUR *(plus any other paper work for applicants requiring visas and residence permits)* to your local Extension Campus at:

“LifeStyle International Christian University”

Please remember that your Application will not be processed until ***all the required documents have arrived*** at our office!





LIFESTYLE INTERNATIONAL CHRISTIAN UNIVERSITY

STUDENT APPLICATION FORM

1. PERSONAL INFORMATION

Title:	Last Name:	First Name:	Maiden Name, if applicable:
Address:		City:	
Region/district:		Post Code:	Country:
Nationality:	Citizenship:	<input type="checkbox"/> Social Security No. or <input type="checkbox"/> Passport No. (please check):	
Tel. daytime:		Tel. evening:	
Email:		Website:	
Date of Birth (DD/MM/YYYY):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth:	
Is this your first application to "LifeStyle International Christian University" ? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state when you first applied: _____			
Have you attended any other Bible or Theological College before? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ If yes, please give full details:			
Are you currently ordained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state date and credentialing organisation. Date: _____ Organisation: _____			
How long have you been in ministry? _____ Full Time _____ Part Time			

2. MARITAL STATUS

<input type="checkbox"/> Single <input type="checkbox"/> Married, date _____ <input type="checkbox"/> Divorced, date _____ <input type="checkbox"/> Widowed, date _____
Name of your spouse _____ Is he/she a Christian? _____
Will your spouse be attending "LifeStyle International Christian University Campus" ? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your spouse agree with you attending this University? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN / DEPENDANTS

Name	Date of Birth	Relationship



3. EDUCATIONAL INFORMATION

Beginning with High School, list all educational institutes attended, if any.				
Name of school	Type of education	Start date	Stop date	Diploma/Degree earned
Present work, if any				
Name of employer	Duties performed		Employment Period	
If you are currently unemployed, please state reason: <input type="checkbox"/> Sickness <input type="checkbox"/> Redundancy <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify) _____ How long have you been unemployed? _____				
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a letter explaining				

4. CHURCH AFFILIATION

Denomination, if any:	
Church Address:	City:
Region/district:	Post Code:
Country:	Telephone No:
Pastor:	
Are you a member or an attendee? <input type="checkbox"/> Member <input type="checkbox"/> Attendee	

5. CHURCH BACKGROUND

Were you raised in a Christian home?
Date you became Born-again:
Give brief details of your conversion experience, below:
Date you received the Baptism of the Holy Spirit with the evidence of Tongues: Date _____ Month _____ Year _____



What church activities have you participated in: *(state if leadership role)*,
Use extra page if necessary!

Activities / Duties:	Approx dates

6. EXPERIENCE

<p>Have you functioned in any of the following?</p> <p><input type="checkbox"/> Pastoring <input type="checkbox"/> Evangelism <input type="checkbox"/> Teaching <input type="checkbox"/> Helps <input type="checkbox"/> Youth <input type="checkbox"/> Children</p> <p><input type="checkbox"/> Music – vocal – instrumental, which? _____</p> <p><input type="checkbox"/> Other Areas: _____</p>

7. HEALTH RECORD

<p>Do you have any specific disabilities or diseases that would require specific facilities or would affect your studies in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>If yes, please relate briefly:</p>
<p>Have you ever required treatment for mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>If yes, please relate briefly:</p>
<p>Are you totally free of any addictive habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Tobacco <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Other _____</p>
<p>Have you abnormal tendencies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>If yes, please be specific:</p>
<p>Have you ever been involved in the occult? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been involved in other religions or sects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, please give more information:</p>





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CHECKLIST STUDENT APPLICATION

Please check all the applicable boxes regarding the contents that you are sending in with your application. This will enable the office, to process your application.

Student Name: _____

The following documents are included in this Application Package:

- Complete Application Form (*4 pages*)
- 1 Recommendation Letter from a spiritual leader; *in a sealed envelope*
- 1 Recommendation Letter – general; *in a sealed envelope*
- Application Fee 35 EUR
- 3 Passport Photos
 - Proof of High School Graduation (*a photocopy is sufficient*)
or (*For those who have completed college, university or another form of higher education.*)
 - I have applied for Official College Transcripts to be sent to the LICU office (*originals only*).

For students requiring visas and residence permits.

- Proof of Living (*that shows that you can provide for yourself and pay course fees*)
- Letter from a Guarantor (*someone who commits to step in to help you in case of unexpected financial difficulties*)

Please consider that you might be also required to show other documents to the local government!

Please speak to your Extension Campus office to find out more information.

Please remember that your Application will not be processed until ***all the required documents have arrived*** at the office!

