



CENTRAL CHRISTIAN UNIVERSITY of SC, Inc.

132 Monteith Street ~ Columbia, S.C. 29203
Phone: (803) 786-6594 **Fax:** (803) 497-3836
Email: ccuofsc3@att.net
Website: www.ccuofsc.org

Student Application

Date of Application: _____

Personal Information:

Name _____

Address _____ City _____ ST _____ Zip _____

(H) Phone () _____ (Work) () _____ (Cell) () _____

Email _____ SS # _____ - _____ - _____

Birth Date _____ Place of Birth _____ Sex _____

Marital Status: () Single () Married () Divorced () Widowed

Central Christian University Programs: (Choose only ONE program)

____ Certificate ____ Diploma

Associates: ____ Associate of Christian Ministry Bachelors: ____ Bachelor of Biblical Studies

____ Associate of Biblical Studies ____ Bachelor of Pastoral Ministry

____ Associate of Pastoral Ministry

____ Bachelor of Christian Counseling

Religious Background (this section MUST be completed to determine your evaluation)

Church Affiliation _____ Years in Attendance _____

Position Held _____ Pastor's Name _____

Previous Church Affiliation _____ Years in Attendance _____

Position Held _____ Pastor's Name _____

Date you accepted Christ _____ Date you accepted your call to ministry _____

Give a brief description of your calling and purpose _____

(Attach additional sheets if necessary)

**How did you hear about CCU? _____

** Do you know of three persons in the Ministry of Christ who may be interested in attending CCU of SC? _____

*A non-refundable fee of \$75.00 is required to process this application. *

“Application Fee” is waived if registration is completed prior to class beginning.

Dr. Charles E. Graham, President

Dr. Mary O. Stover, Vice President

(Previous Education (high school, colleges attended, etc.))

High School, Vo- Tech, College, University, etc: Diploma, Degree Year of Graduation

Continuing Education: Conferences, Seminars, Training, etc.

Description:

Dates:

Work Experience

Employer _____ Employment Dates _____

Job Title & Description _____

Employer _____ Employment Dates _____

Job Title & Description _____ Employment Dates _____

Employer _____ Employment Dates _____

Job Title & Description _____ Employment Dates _____

Military Experience

Yes _____ No _____

If yes, please list dates _____ and describe experience _____

I certify that the above information is true and accurate. I also certify that I have read the Central Christian University Catalog and understand and agree with their policies and standards.

Signature: _____ Date _____

