



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 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 addition 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 for processing this application. *

Revised 02/22/ 2022

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 do understand and agree with their policies and standards.

Signature: _____ Date _____

