



# THE KING'S UNIVERSITY

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## THE KING'S COLLEGE

Jack W. Hayford, Founder

OFFICE OF ADMISSIONS  
14800 Sherman Way, Van Nuys CA 91405-2233  
Phone: 818-779-8040 • Fax: 818-779-8429

Name  
LAST  
FIRST

### AUDIT (NON-CREDIT) STUDENT APPLICATION FOR ADMISSION

Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ ( )Mr. ( )Mrs. ( )Miss ( )Rev. ( )Dr.

Name \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Mailing Address \_\_\_\_\_  
NUMBER AND STREET CITY/TOWN ZIP

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

I plan to attend:  Fall  Winter  Spring  Summer Year \_\_\_\_\_

#### PERSONAL DATA

Country of Citizenship \_\_\_\_\_ If non-USA, type of Visa \_\_\_\_\_

Type of Resident ( ) US ( ) Immigrant Visa (Permanent Resident)

National Origin ( ) Asian Pacific ( ) African American ( ) Hispanic ( ) Caucasian ( ) Other

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

Marital Status  Never Married  Widowed  Divorced  Married

#### EDUCATIONAL BACKGROUND

HIGH SCHOOL	CITY/STATE	DATE OF GRADUATION
COLLEGE OR UNIVERSITY	CITY/STATE	DATES ATTENDED MAJOR DEGREE EARNED
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#### CHURCH AFFILIATION

Demonination/Church Affiliation/Local Church \_\_\_\_\_ Are you a member? ( )Yes ( )No

Pastor's Name \_\_\_\_\_ Do you attend regularly? ( )Yes ( )No

#### WORK EXPERIENCE

Current Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Length of Current Employment \_\_\_\_\_ Job Title \_\_\_\_\_

I am in agreement with the Statement of Faith of The King's College as stated in the Student Catalog. I understand that Non-Credit work will not count toward a diploma or degree and will not be recorded on a transcript.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_