



# Application for Admission Certificate in Christian Studies

Submit this form to the College of Christian Studies office. You may mail to: Jennifer Kelarek, College of Christian Studies, 900 College Street, UMHB Box 8422, Belton, TX 76513. After your Application for Admission is complete, you may complete your registration for class. Please call Jennifer Kelarek, Secretary, College of Christian Studies for more information: 254-295-5075.

### General Information

Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or UMHB id# \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ Birth Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Country of Citizenship \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

- Race:
- \_\_\_\_\_ **A** Asian
  - \_\_\_\_\_ **B** Black/African American
  - \_\_\_\_\_ **H** Hispanic/Latino
  - \_\_\_\_\_ **I** Alaskan Native
  - \_\_\_\_\_ **P** Native Hawaiian/Pacific Islander
  - \_\_\_\_\_ **W** White

### Educational Background

High School graduate from \_\_\_\_\_

GED: Score \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

### College/University

School	Location	Dates Attended	Graduated?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you now, or do you expect to be on academic or disciplinary suspension from any college you previously attended? If yes, which college? \_\_\_\_\_ and give the date that you are eligible to return \_\_\_\_\_

Are you now, or do you expect to be on academic or disciplinary probation from any college you previously attended? If yes, which college? \_\_\_\_\_ and give the date that you are eligible to return \_\_\_\_\_

Have you ever been convicted, pled no contest, accepted deferred adjudication or now under any charge for a criminal offense or delinquent conduct other than a traffic violation? \_\_\_\_\_ No \_\_\_\_\_ Yes

*– If yes, please attach a detailed statement, including dates, locations, charges brought against you, sentences served, and any other pertinent information you would like considered.*

### Christian Background

Are you a licensed minister? \_\_\_\_\_ Are you an ordained minister? \_\_\_\_\_

Church Membership \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_