



P.O. Box 8435
Jacksonville, Florida 32239
Tel. No. (904) 743-6166
E-mail: zoe@zoeuniversity.com

Student # _____ Student Code: _____ DATE ___/___/___

MAJOR: [] Theology [] Christian Counseling [] Domestic Violence

TYPE OR PRINT U.S. SOCIAL SECURITY NUMBER _____ - _____ - _____

Name: Mr./ Mrs./

Ms./Rev./Dr. _____

LAST

FIRST

MIDDLE

PRESENT ADDRESS: _____

STREET AND NUMBER

(_____)

CITY/TOWN STATE ZIP

AREA CODE PHONE NUMBER

FAX NUMBER: (_____) _____ WORK PHONE NUMBER (_____) _____

Area Code Fax Number

Area Code Phone Number

BIRTHDATE

SEX

BIRTHPLACE

___/___/___ [] Male [] Female _____ City State/Province/Country _____

M D Y

MARITAL STATUS

S-Single X-Separated W-Widowed M-Married D-Divorced R-Remarried

IF MARRIED SPOUSE'S FIRST NAME, _____

[] Caucasian American [] Spanish American [] Afro American [] American Indian [] Oriental Amer.

[] Foreign or Other

Number of Children _____

RELIGIOUS PREFERENCE

Denomination _____

Name of Church _____

EDUCATION

HIGH SCHOOL ATTENDED? _____

Name City Date of Graduation _____

COLLEGE/UNIVERSITY DATES ATTENDED DEGREE/CREDITS EARNED

1 _____

2 _____

3 _____

E-MAIL ADDRESS _____ @ _____

TYPE OF RESIDENT

C - Citizen V - Visitor S - Student I- Immigrant Visa

Name of Pastor _____

An official transcript must be sent to ZOE UNIVERSITY from each College/University you have attended)

STUDENT COVENANT AGREEMENT

Whereas, admission to Zoe University is a privilege and not a right:

I acknowledge that I have read the philosophy, purposes, objectives, policies, and degree specifications and that I am in harmony with all that Zoe University represents.

I will abide by the standards and regulations as set forth by Zoe University in its official publications, or given by the faculty(per degree level) for specific situations. These include: standards of dress; the no alcohol policy on Campus, or at any Zoe University related functions wherever they are being held; and the non-smoking policy as it applies to the Zoe University classroom, its facilities, the off-Campus classrooms and other events sponsored by Zoe University.

I understand that regular class attendance and laboratories are or will be vital to learning and that grades will be lowered for each session Forwarded or missed, unless made up.

I understand that Degrees in Divinity Education are professional ministry degrees, preparing students for effective ministry.

I have read the financial section of the catalog and understand and accept my financial obligations to Zoe University. I understand that I am not entitled to a refund once a program has been started and that if I am granted a student loan, I am obligated to pay, even if I withdraw from the program.

I understand that credits and degrees earned from Colleges/Universities in the State of Florida which are governed by the State Board of Independent Colleges and Universities do not automatically qualify the holder for a Florida Teaching Certificate or to participate in professional licensing examination (unless approval has been granted).

I understand that Zoe University reserves the right to require the withdrawal of any student at any time who does not identify with the spirit of the University and its programs. My signature below signifies my acceptance of the above and completes a contract between me and Zoe University.

ADMISSIONS CHECKLIST

- _____ 1. This Admissions Form completed.
- _____ 2. Student Covenant Agreement signed and dated.
- _____ 3. \$35.00 Admissions Fee attached,
- _____ 4. Autobiographical essay attached.
- _____ 5. Letter of recommendation attached,
- _____ 6. Transcripts to be received from:

- _____ 7. Other external credit documentation attached.
- _____ 8. Photo attached.

FOR OFFICIAL USE ONLY:

- _____ Candidate approved for admission.
- _____ Candidate disapproved for admission.
- _____ Status notification letter sent to applicant

on: _____

Signature/Director of Admissions

DATE

SIGNATURE