

Please complete all portions of the application, using "N/A" for fields which do not apply. For help with this form or to check the status of your application, please call 877-762-8669 to speak with an Admissions Counselor.

Step 1 Expected enrollment year 20_____ Fall (August) Spring (January) Summer

Step 2 Housing Plans Please checkmark only one. ___Campus Dorm ___Commuter

Step 3 Personal Information

Legal name _____
Last First Middle

Other names used _____ Maiden _____

Social Security Number ___-___/___-___/____-___ Date of Birth ___/___/____

Email Address _____@_____

Permanent Address _____
Number and street (If PO Box, number and street also required.)

City _____ State _____ Zip _____ County, if Ohio _____

Home Phone (_____) _____ Cell (_____) _____

Country of Citizenship _____ Country of Birth _____

Male Female

Ethnic Origin:

American Indian

Asian

Black

Hispanic

Multi-racial

Alaskan Native

White

Other _____

Marital Status:

Single Married

Divorced Widowed

Step 4 Educational Background

Enter the high school from which you will graduate. If you attend a vocational or trade school, please enter the home high school.

Name of the high school	City	State	From (MM/YY)	To (MM/YY)	Graduation Yr.

GPA _____ ACT _____ SAT _____ GED -Date Attained _____

Readmit (former OCU student)
 Year(s) attended OCU _____

Enter all colleges attended. An official transcript is required from each one.

College/University	City	State	From (MM/YY)	To (MM/YY)	Post Secondary Enrollment Option?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 5 Majors and Concentrations

Bachelor Of Arts

Business:

- Business
- Business Administration
- Disaster Management & Relief
- General Business Management
- International Business
- Logistics and Supply Chain Management
- Pre-Law Specialization

Music:

- Music Education -Instrumental
- Music Educational -Vocal
- Worship Arts Ministries

Psychology:

- Psychology
- Chemical Dependency Counseling Concentration

Other:

- Interdisciplinary Studies
- Undeclared

Religion:

- Christian Ministries
- Biblical Studies Concentration
- Christian Education Concentration
- Church Planting Concentration
- Intercultural Ministries
- Intercultural Ministries: Nursing
- Pastoral Counseling Concentration
- Sports Ministry and Management
- Youth Ministries

Teacher Education:

- Teacher Education Early Childhood K-3
- Teacher Education Middle Grades 4-9

Associate of Arts

- Business Management
- Interdisciplinary Studies

Step 6 Character References and Information

List two persons (not related to you) as character references. One must be a minister. The other may be anyone of your choosing.

1. Name _____ Relationship to you _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Relationship to you _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Please list all siblings with year of graduation: _____

How did you hear about Ohio Christian University? _____

Church You Attend _____ Are you a member? Yes No

Church Denomination _____ Church Pastor _____

How often do you attend church? Weekly Monthly Yearly

Discuss your relationship with Christ. _____

Please answer all questions completely.

1. Have you ever been convicted of a felony? Yes No If yes, please explain on a separate page.
2. Have you used alcohol, drugs, or tobacco within the past year? Yes No
3. Have you been denied admission to OCU or another college or university? Yes No
4. Have you been dismissed or asked to withdraw from an educational institution? Yes No

Step 7 Interests

- | | | |
|-------------------------------------|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Band | <input type="checkbox"/> Intercultural Ministries | <input type="checkbox"/> Student Activities Club |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Intramural Sports | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Missions | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Music Travel Team | Other _____ |
| <input type="checkbox"/> Drama Team | <input type="checkbox"/> Soccer | |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Softball | |

Step 8 Signature

- I fully agree to grant Ohio Christian University (OCU) permission to contact any references I have provided.
- If admitted to the University as a student, I agree to abide by the established rules, policies, and procedures as well as changes that may occur.
- I understand that my acceptance is based on meeting the standards and criteria for admission.
- I attest that the information contained herein is true and accurate.

Print Name _____

Applicant Signature _____ Date _____ / _____ / _____
Month Day Year

Please submit this application with a \$25 Processing fee for Initial Acceptance to Ohio Christian University.

Ohio Christian University Admissions

1476 Lancaster Pike, Circleville, Ohio 43113

Phone: **877-7OCU-NOW** (877-762-8669) Fax: 740-420-5921 Email: enroll@OhioChristian.edu

www.OhioChristian.edu