

STUDENT FORMS



Application Process

1. Completely fill out the application.

IMPORTANT:

- A. Use this Grace & Truth Christian University Student Application if you desire to work toward your college degree.
- B. Use the Grace & Truth Audit Program application if you are working toward a Certificate.

Any omissions will cause the application to be returned to you and your enrollment will be delayed.

2. Send a transcript request from each college, university, or institute of ministry that you have previously attended.
3. If college transcripts will not be provided, submit one of the following proofs of high school graduation. (This is not necessary for Audit students.)
 - A) Diploma
 - B) G.E.D or Equivalent
4. Submit completed application material no later than the first night of class. Include a payment of \$35.00, payable to Grace & Truth Christian University, to cover the application process.



Grace & Truth Christian University

STUDENT APPLICATION

Date: ____/____/____

Student Number: _____

IMPORTANT: Please PRINT or TYPE. ANSWER ALL QUESTIONS. Applications will not be processed, nor academic standing assessed unless all questions are answered, and the application signed and dated by the applicant. Do not leave any question blank; use N/A to indicate an item that does not apply.

1. PERSONAL INFORMATION

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Rev.	Last Name	First Name	MI	<input type="radio"/> Sr. <input type="radio"/> Jr.	Maiden Name, if applicable
<input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Dr.				<input type="radio"/> _____	
Mailing Address		City	State/Province	Zip Code	
Country	Home Phone (area code) Number		Work Phone (area code) Number		
Birthdate (mm/dd/yyyy)	Place of Birth	Gender <input type="radio"/> M <input type="radio"/> F	Marital Status <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Widowed		
Social Security Number	Email Address		U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No If No, what Country? _____		
Church Background/Denomination		Church Presently Attending		Pastor's Name	
Person to Notify in Case of Emergency		Relationship		(Area code) Phone Number	

2. MINISTRY EXPERIENCE

Current Ministry Status, If Any	<input type="radio"/> Senior Pastor	<input type="radio"/> Missionary	<input type="radio"/> Music Minister	<input type="radio"/> Chaplain	<input type="radio"/> Church/Ministry Administrator
	<input type="radio"/> Assist. Pastor	<input type="radio"/> Evangelist	<input type="radio"/> Children's Minister	<input type="radio"/> Lay Minister	<input type="radio"/> _____
	<input type="radio"/> Youth Minister	<input type="radio"/> Itinerant Teacher	<input type="radio"/> Administrator/Trustee	<input type="radio"/> N/A	
Are You Currently Licensed or Ordained? <input type="radio"/> N/A <input type="radio"/> Licensed <input type="radio"/> Ordained	Credentialing Organization		Past Ministry Involvements <input type="radio"/> Pastoral <input type="radio"/> Evangelism <input type="radio"/> Teacher <input type="radio"/> Radio/TV <input type="radio"/> _____	Number of Years in Ministry	

3. EDUCATIONAL INFORMATION

Have You Previously Attended Grace and Truth University? <input type="radio"/> Yes <input type="radio"/> No				
High School Name* Location (City, State)	Start Date (mm/yyyy)	End Date (mm/yyyy)	Study Emphasis	Did You Graduate? <input type="radio"/> Yes <input type="radio"/> Diploma <input type="radio"/> No <input type="radio"/> G.E.D.
School Name ** Location (City, State)	Start Date (mm/yyyy)	End Date (mm/yyyy)	Major	Diploma/Degree Earned

ALL EDUCATIONAL BACKGROUND MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:
 * If you have not attended college: Send a photocopy of your high school transcript, diploma or G.E.D.
 ** List schools including bible Institutes, Bible Colleges, and other colleges and universities. Must have original, sealed, official transcripts sent directly to your local campus.

4. SALVATION TESTIMONY

Please State Your Salvation Testimony

5. EDUCATIONAL AND MINISTRY GOALS

Briefly State Your Educational and Ministry Goals

NON-DISCRIMINATION POLICY

Grace and Truth Christian University does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students of the University.

PRIVACY RIGHTS OF STUDENTS

Statute 20, United States Code, §1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the right accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (i.e., the IRS, FBI, or other government agencies, and for use in GTCU publications). GTCU has identified the following student data as "directory information:"

- | | | |
|----------------------------|-------------------------------|---|
| 1. Name | 5. Major Field of Study | 8. Dates of Attendance |
| 2. Address | 6. Church Membership | 9. Degrees and Awards Received |
| 3. Telephone Listing | 7. Denominational Affiliation | 10. Most Recent Previous Educational Institution Attended |
| 4. Date and Place of Birth | | |

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be sent to parties without the consent of the student.

Except as required for use by the president in the discharge of his or her official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

PLEASE READ CAREFULLY THE FOLLOWING SWORN STATEMENT OF AGREEMENT BEFORE SIGNING.

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the University.
2. I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, §1232g.
3. I certify by my signature that I agree to abide by the policies of this institution as described in the Grace & Truth Christian University Student Handbook and Course Catalog.
4. I grant Grace & Truth Christian University the right and permission to use, publish and/or reproduce photographs, film, and videotapes taken of me by or for GTCU.

Applicant Signature

Date



Grace & Truth Christian University

QUESTIONS REGARDING ACCREDITATION /TRANSFER OF CREDITS/JOB MARKET

Many students inquire about our accrediting body, the transfer of credits, and how their degree affects their job search or promotion once completing their degree program.

An accrediting organization is a “watchman on the wall.” Webster defines accreditation as to give trust or confidence to; to vouch for; to recommend; to furnish with credentials, as an envoy or ambassador. Every accreditation group is not the same. There are different accrediting groups, focused on different areas of accreditation.

Transworld Accrediting Commission International (TACI) is a professional, federally recognized, non-profit church educational organization whose philosophy is to demonstrate accountability to the consuming public for education obtained in non-traditional evangelical education institutions.

A degree covers the major taken with that degree. A student or potential student must understand that credits taken in one type of program may or may not transfer to another type of program. This is the sole determination of the receiving institution. No guarantee is made that any credit can be transferred to a secular training program.

The job market is highly competitive. Training is specialized in most fields. A graduate in one field may have difficulty being hired in a field in which they are not trained or certified.

By signing this form, I am signifying that I have received the Student Handbook, and I understand the type of degree for which I have applied and neither TACI nor Grace & Truth Christian University is responsible for my employment goals.

Student Signature

Date

Audit Application Process

(Certificate Program)

1. Completely fill out the application.

IMPORTANT: This application is for the Audit (or Certificate) Program. Use the Grace & Truth Christian University application if you desire to work toward your college degree.

Any omissions will cause the application to be returned to you and your enrollment will be delayed.

2. Submit completed application material no later than the first night of class. Include a payment of \$35.00, payable to Grace & Truth Christian University, to cover the application process.



Grace & Truth Christian University

AUDIT APPLICATION

Date: ____/____/____

Student Number: _____

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1. PERSONAL INFORMATION

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Rev. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Dr.	Last Name	First Name	MI	<input type="radio"/> Sr. <input type="radio"/> Jr. <input type="radio"/> ____	Maiden Name, if applicable
Mailing Address		City		State/Province	Zip Code
Country		Home Phone (area code) Number		Work Phone (area code) Number	
Birthdate (mm/dd/yyyy)	Place of Birth		Gender <input type="radio"/> M <input type="radio"/> F	Marital Status <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Widowed	
Social Security Number		Email Address		U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No If No, what Country? _____	
Church Background/Denomination		Church Presently Attending		Pastor's Name	
Person to Notify in Case of Emergency		Relationship		(area code) Phone Number	

2. SALVATION TESTIMONY

Please State Your Salvation Testimony

3. EDUCATIONAL AND MINISTRY GOALS

Briefly State Your Educational and Ministry Goals

o I am planning to transfer my enrollment to GTCU and upgrade my course work to receive college credit at some point in the future.

NON-DISCRIMINATION POLICY

Grace & Truth Christian University does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students of the University.

PRIVACY RIGHTS OF STUDENTS

Statute 20, United States Code, §1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the right accorded him or her by the Code. The following is provided as basic general information relative to the Code:

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- | | | |
|------------|----------------------------|-------------------------------|
| 1. Name | 3. Telephone Listing | 6. Church Membership |
| 2. Address | 5. Date and Place of Birth | 7. Denominational Affiliation |

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT OF AGREEMENT BEFORE SIGNING.

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the University.
2. I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, §1232g.
3. I certify by my signature that I agree to abide by the policies of this institution as described in the Grace and Truth Christian University Student Handbook and Course Catalog.
4. I grant Grace & Truth Christian University the right and permission to use, publish and/or reproduce photographs, film, and videotapes taken of me by or for GTCU.

Applicant Signature

Date



Grace & Truth Christian University

MINISTRY PRACTICUM ACTIVITY LOG

Date: ___/___/___

Student Number: _____

IMPORTANT: PLEASE PRINT OR TYPE, except for boxes marked "signature." This form is required of all undergraduate and master's students taking courses for college credit. It ensures that a student receives proper credit for fulfilling his/her obligation to serve a minimum of 72 hours per year in the ministry of the church he/she attends. It is the student's responsibility to ensure that this form is completed and submitted to the Campus Director no later than six (6) weeks before graduation. Fill out one (1) line of Section #3 for each job performed. Use multiple sheets, if necessary. Please keep a photocopy of the completed form for your records.

1. PERSONAL INFORMATION

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Rev. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Dr.	Last Name	First Name	MI	<input type="radio"/> Sr. <input type="radio"/> Jr. <input type="radio"/> ____
GTCU Level: <input type="radio"/> Diploma <input type="radio"/> Associate <input type="radio"/> Advanced Diploma <input type="radio"/> Bachelor <input type="radio"/> Master's Audit Level: <input type="radio"/> Year 1 <input type="radio"/> Year 2 <input type="radio"/> Year 3 <input type="radio"/> Year 4		Student Signature		

2. CHURCH INFORMATION

Church Name		
Address	City	State/Province
	Postal Code	Country
Senior Pastor's Name	Church (area code) Phone Number	Church Fax (area code) Fax Number

3. SERVICE RECORDS

Type of Ministry Service	Start Date	Supervisor's Signature *	
	Stop Date	Hours Worked	Print Supervisor's Name
Type of Ministry Service	Start Date	Supervisor's Signature *	
	Stop Date	Hours Worked	Print Supervisor's Name
Type of Ministry Service	Start Date	Supervisor's Signature *	
	Stop Date	Hours Worked	Print Supervisor's Name
Type of Ministry Service	Start Date	Supervisor's Signature *	
	Stop Date	Hours Worked	Print Supervisor's Name
Type of Ministry Service	Start Date	Supervisor's Signature *	
	Stop Date	Hours Worked	Print Supervisor's Name
Type of Ministry Service	Start Date	Supervisor's Signature *	
	Stop Date	Hours Worked	Print Supervisor's Name

* Supervisor: Your signature attests that the student performed his/her assigned tasks in a faithful and satisfactory manner.



Grace & Truth Christian University

TRANSCRIPT REQUEST

1. EDUCATIONAL INSTITUTION ATTENDED			2. GTCU ADDRESS (Where to send transcript)		
Name of Institution			Campus Location Grace & Truth Christian University		
Address			Address 3001 E. Hanna Avenue		
City			City Tampa		
State/Providence	Postal Code	County	State/Providence FL	Postal Code 33610	Country USA
3. STUDENT INFORMATION					TO THE APPLICANT
Last Name		First Name		MI	<p>No college credit can be awarded for classes you have attended at GTCU without proof of previous college attendance, high school graduation, or a G.E.D.</p> <p>Send a copy of this form to each college you have attended to obtain your official transcript. Transcripts should be sent directly to GTCU. Most colleges charge a small fee for transcripts, so a check for the fee amount should accompany your request. Request your transcripts as soon as possible, as GTCU needs your official transcript within 60 days of your application. If you have not attended college and do not have a copy of your high school diploma, complete a copy of this form, and send it to your high school guidance office.</p>
Social Security Number	Maiden Name (If Applicable)		Yrs Attended	Birthdate	
Present Address		City			
State/Providence	Postal Code	Country			
Student Signature			Date		



Grace & Truth Christian University

TRANSCRIPT REQUEST

1. EDUCATIONAL INSTITUTION ATTENDED			2. GTCU ADDRESS (Where to send transcript)		
Name of Institution			Campus Location Grace & Truth Christian University		
Address			Address 3001 E. Hanna Avenue		
City			City Tampa		
State/Providence	Postal Code	County	State/Providence FL	Postal Code 33610	Country USA
3. STUDENT INFORMATION					TO THE APPLICANT
Last Name		First Name		MI	<p>No college credit can be awarded for classes you have attended at GTCU without proof of previous college attendance, high school graduation, or a G.E.D.</p> <p>Send a copy of this form to each college you have attended to obtain your official transcript. Transcripts should be sent directly to GTCU. Most colleges charge a small fee for transcripts, so a check for the fee amount should accompany your request. Request your transcripts as soon as possible, as GTCU needs your official transcript within 60 days of your application. If you have not attended college and do not have a copy of your high school diploma, complete a copy of this form, and send it to your high school guidance office.</p>
Social Security Number	Maiden Name (If Applicable)		Yrs Attended	Birthdate	
Present Address		City			
State/Providence	Postal Code	Country			
Student Signature			Date		



Grace & Truth Christian University

COURSE TRACKING & INTENT TO GRADUATE FORM

Graduation Date: _____

Extension Campus Code: _____ - _____

IMPORTANT: This form is required of all students intending to graduate in a given school year. It is the student's responsibility to keep track of all courses taken and to return this form to the Registrar at least 8 weeks before graduation. (List all courses that will be completed by graduation.) Gown information must be included for proper gown size. Please keep a photocopy for your personal records.

1. PERSONAL INFORMATION

Student Number	oMr. oMrs. oRev. oMs oMiss oDr.	Last Name	First Name	MI	oSr. oJr. o_____	Maiden Name, if applicable
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REQUIRED FOR GOWN: HEIGHT - FT: IN:	CHECK SIZE: o REGULAR - TO - LARGE o X--LARGE o XX--LARGE	Social Security Number
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Home Phone (Area Code)	Work Phone (Area Code)
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Major (If other than Theology)	CERTIFICATE NAME (Indicate EXACTLY how you want your name to appear on your certificate.)
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GTCU LEVEL: o DIPLOMA o ASSOCIATES o ADVANCED DIPLOMA o BACHELOR'S o MASTER'S o DOCTORATE
AUDIT LEVEL: o YEAR 1 o YEAR 2 o YEAR 3 o YEAR 4

2. COURSE INFORMATION

COURSE#	COURSE NAME	DATE COMPLETED	GRADE	CREDITS	REGISTRAR VERIFICATION
MP	MINISTRY PRACTICUM (Undergraduate & Master's Level Students Only)				

COURSE#	MASTER'S STUDENTS ONLY: Additional courses taken in lieu of written Thesis	DATE COMPLETED	GRADE	CREDITS	REGISTRAR VERIFICATION

3. SIGNATURE

Student Signature	Date	Registrar Signature	Date
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I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT.	I HAVE VERIFIED THAT THE COURSE WORK HAS BEEN COMPLETED & ALL FEES PAID.
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