



Virginia University of Lynchburg,

2058 Garfield Avenue, Lynchburg, VA 24501-6417
Phone: (434) 528-5276 Fax: (434) 528-4257

Admission Application

(Please type or print, mailing instructions are on the last page)

Please check: Fall 20__ Full Time []
Spring 20__ Part Time [] Day [] Evenings []
Summer 20__ Online []

Program: Certificate in Ministry [] Associates of Arts and Sciences []
Bachelor of Arts in Sociology [] Bachelor of Arts in Religious Studies []
Bachelor of Arts in Organizational Management (Business) []
Master of Divinity [] Doctor of Ministry []
Non Degree [] If non Degree list classes applied for _____

Name: _____ SSN: _____ - _____ - _____
Last First Middle

Address: _____
Street, Route, Apt. No.

City, State Zip

Phone: _____
Home Business Cell

Email: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Gender: _____

State of Legal Residence: _____ Citizenship: _____

Visa Status / Country: _____

Military Service Dates: _____ Discharge Date: _____ Discharge Type: _____

Will you be applying for Financial Aid?

YES [] NO []

List in chronological order all high schools, colleges, and universities you have attended, beginning with high school. Please forward all transcripts to Office of Admissions.

Name and Location of School	Degree or Major	Dates Attended

If additional space is need use back of this sheet

Have you ever taken the ACT or SAT? If so, When? YES [] NO [] Date _____
(If yes, please have your scores forwarded to Virginia University of Lynchburg Admissions Dept.)

What, if any, academic honors/awards have you received?

Have you previously applied for admission to, or attended Virginia University of Lynchburg
YES [] NO []

Have you ever been dismissed from Virginia University of Lynchburg, or are you currently on probation from any other school?
YES [] if yes, explain date and reason NO []

Has anyone in your family attended the Virginia University of Lynchburg?

Name	Relationship	Address

Name and Address of your pastor: _____

Name and Address of your church: _____

Name(s) of child/children: _____

Who recruited you to attend the Virginia University of Lynchburg?

Name	Position

Do you need campus housing? (Only full time students 12+ hours) YES [] NO []

Do you have any health problems of which we should be aware of?

Emergency contact information: _____

Name	Relation

Address	Phone

NOTE: ALL STUDENTS ARE ACCEPTED FOR THE ENTIRE SEMESTER. NO DEDUCTION OR REBATE WILL BE MADE FOR DISMISSAL, WITHDRAWAL, OR ANY OTHER REASON TWO (2) WEEKS AFTER THE DATE OF THE REGISTRATION. PERSPECTIVE STUDENTS WILL NOT BE CONSIDERED FOR ADMISSION UNLESS THE REGISTRAR IS IN RECEIPT OF HIGH SCHOOL / COLLEGE TRANSCRIPTS.

I certify that all the information that I have given is complete and accurate to the best of my knowledge, and if admitted, I agree to observe all rules and regulations of Virginia University of Lynchburg.

(Signature) _____ Date _____

(Signature of Parent or guardian) _____ Date _____

As a matter of policy, Virginia University of Lynchburg does not discriminate among applicants or participants based on race, sex, color, nationality, origin, age, disability, or veteran status.

Please remit this entire form and a \$25.00 non refundable Application fee to:

Office of Admissions
Virginia University of Lynchburg
2058 Garfield Avenue
Lynchburg, VA 24501-6417

Tuition & Financial Aid Information

Please complete your FAFSA (Free Application for Federal Student Aid) as soon as possible via the Internet at www.fafsa.ed.gov after January 1, 2006. The application is processed much faster if completed online.

When completing the FAFSA please be sure to answer question #86 as follows:

School Code – 003762
College – Virginia University of Lynchburg
City and State – Lynchburg, VA

***Write computer Generated PIN Number here for your records_____

By listing the Virginia University of Lynchburg in question #86 you are giving the processing center permission to send your application to VUL’s Financial Aid Office.

If you are unable to apply via the Internet obtain the Free Application for Federal Student Aid at your high school Guidance office and mail the completed forms to FAFSA in the envelope provided with the form.

By completing the FAFSA financial aid may be awarded to you, including Pell Grants, Federal Supplemental Educational Opportunity Grant (FSEOG), Federal Work Study (FWS), Satisfactory Academic Progress for Federal Student Aid and Title IV Refunds. To obtain information concerning any of these financial aid opportunities you may contact the Director of Financial Aid any week day from 9:00 a.m. to 3:00 p.m.

Do not write below this line

Received Admissions		Received Registrar		Received Financial	
Date	Initial	Date	Initial	Date	Initial

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