

KAIROS UNIVERSITY STUDENT APPLICATION

DATE: _____

PERSONAL INFORMATION

NAME: _____ SS# _____
LAST FIRST MI

ADDRESS _____
STREET

_____ CITY STATE ZIP

TELEPHONE: Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

MALE FEMALE DATE OF BIRTH _____

MARRIED SINGLE SPOUSE'S NAME _____

EMPLOYMENT HISTORY

EMPLOYER ADDRESS _____
STREET

_____ CITY STATE ZIP

HOW LONG THERE _____ WORK CONTACT _____

ACADEMIC BACKGROUND

HIGH SCHOOL _____
NAME CITY, STATE, ZIP

DID YOU GRADUATE? YES NO YEAR _____

IF YOU DIDN'T GRADUATE, DID YOU TAKE GED TEST? YES NO DATE _____

COLLEGE: Please list all schools attended.

_____ COLLEGE CITY, STATE, ZIP

DEGREE? YES NO UNITS _____

DEGREE CONFERRED _____ YEARS ATTENDED _____ - _____

COLLEGE _____ CITY, STATE, ZIP _____
DEGREE? YES NO UNITS _____
DEGREE CONFERRED _____ YEARS ATTENDED _____ - _____

COLLEGE _____ CITY, STATE, ZIP _____
DEGREE? YES NO UNITS _____
DEGREE CONFERRED _____ YEARS ATTENDED _____ - _____

RELIGIOUS PREFERENCE _____

CHURCH YOU ATTEND _____

ADDRESS _____ CITY _____ STATE _____
DENOMINATION _____ MEMBER Y N
PASTOR _____

NOTE: On next sheet, please give a brief spiritual history and reason you desire to attend Kairos University. **Mail to:**
Kairos University, 2150 Collier Ave., Suite H, Fort Myers, Florida 33901.