

THE CERTIFICATE PROGRAM IN CHRISTIAN APOLOGETICS

Sponsored by the Graduate Program in Christian Apologetics at Biola University

APPLICATION FOR ADMISSION

Name in full _____
Last First Middle

Home phone () _____ Work phone () _____

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____

Male Female Single Married Occupation _____

Birthplace _____ Birth date _____

Citizenship _____ Type of Visa, if any _____

In case of emergency notify: Name _____

Relationship _____ Phone () _____

Address _____

How did you hear of the Apologetics Program? _____

Do you currently attend a church? Yes No Which one? _____

Are you a CAI student? Yes No

Are you a high school graduate? Yes No

List all schools attended beyond high school, if any:

SCHOOL	MAJOR	YEARS ATTENDED (APPROX.)	DEGREE, IF ANY
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE

DATE

Please return the completed application with the \$15 application fee (check payable to Biola University) to:

The Christian Apologetics Program
Biola University, 13800 Biola Avenue, La Mirada, CA 90639-0001
Phone: 562.906.4570 Fax: 562.777.4063 E-mail: apologetics@biola.edu

