



Application for Admission and Enrollment

P.O. Box 770454 (10440 Frontage Rd.)
Eagle River, Alaska 99577
Phone: 907-696-6062 Fax: 696-6082

(Enrollment in any UCSS course establishes a "Scholastic membership" with Until That Day Ministries International. UTDMI is an independent ministry meant to assist the student in accomplishing educational and ministerial goals.

The student may continue membership with UTDMI after the academic process has been completed if so desired.)

PERSONAL INFORMATION

Please complete all information requested. Information provided on this application is kept completely confidential and is not considered public data. Only UCSS personnel will have access to this application. The information provided is intended to help UCSS serve you better in the completion of your educational goals. A counselor to help you with the admissions process is available by calling one of the given numbers.

Date of Application _____

Mr. Mrs. Ms. Rev. Dr. (Last Name) _____ (First Name) _____ (MI) _____

Address _____ City _____ State _____ ZIP _____

E-mail address: _____

Home Ph. _____ Work Ph. _____ Mobile _____

DOB: _____ Sex: M F Marital Status: _____ Spouse's Name _____

Occupation _____ Employer _____

Church: (name) _____ (address) _____

(city) _____ (state) _____ (zip) _____

(denomination) _____ (Pastor's name) _____

(pastor's contact phone) _____

Please list three personal (non-relative) references: (name, address, city, state, zip, phone number, email)

1. _____

2. _____

3. _____

ACADEMIC INFORMATION

High School Graduate: Yes ___ No ___ Will Graduate (Date) _____ GED ___ Other _____

Have you ever attended UCSS before? Yes ___ No ___ If so, when? _____

List those colleges and universities attended (Use a separate sheet of paper if necessary)

_____ Degree Earned _____

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_____ Degree Earned _____

_____ Degree Earned _____

Total Undergraduate Credits Earned _____ Total Graduate Credits Earned _____

Note: If students wish to transfer credits, they are required to request official transcripts from colleges attended to be sent directly to UCSS. No official evaluation of transcripts will be made based on copies alone. No transfer of credits will be possible without an official transcript in your file.

PROGRAM OF STUDY

Please specify your degree plan. Locate the degree toward which you will be working (i.e., Associates Degree), and then place a check beside your desired major (i.e., Biblical Studies).

Degree	Majors		
Diploma (30 credits)	___ Biblical Counseling	___ Biblical Studies	___ Christian Education
Associates Degree (60 credits)	___ Biblical Counseling	___ Biblical Studies	___ Christian Education
Bachelors Degree (120 credits)	___ Biblical Counseling	___ Biblical Studies	___ Christian Education
Masters Degree (36 credits)*	___ Biblical Counseling	___ Biblical Studies	___ Christian Education
Doc. of Biblical Studies (36 credits)**	___ Biblical Counseling	___ Biblical Studies	___ Christian Education
Doc. of Ministry (45 credits)**	___ Biblical Counseling	___ Biblical Studies	___ Christian Education
Doc. of Theology (60 credits)**	___ Biblical Counseling	___ Biblical Studies	___ Christian Education

* Number of credits needed beyond Bachelors Degree

** Number of credits needed beyond Masters Degree

FINANCIAL AGREEMENT

Select a Method of Payment: (You must select at least one)

- ___ Pay application fee, book costs (if any) and total tuition.
- ___ Pay application fee, book costs (if any) plus 1/3 of tuition, and make three equal monthly payments of _____ per course.
- ___ Pay application fee and make monthly payments on tuition and books. Three equal payments of _____ will be made per course on balance.
- ___ Other (All other financial arrangements must be approved by the President of UCSS)

Please describe the financial arrangements you have made with UCSS: _____

Amount submitted with this application: _____

Application fees will not be refunded under any circumstances. UCSS may refund fees paid for books and other materials if they are in new condition. This is at the complete discretion of UCSS. Tuition refunds are given at the complete discretion of UCSS. No tuition refund will be allowed once classes have started or if any materials have been used.

Very Important: By signing this application you agree, without qualification, to abide by the provisions of the Alternate Dispute Resolution Agreement (ADR) described in the UCSS catalog. The ADR is a Biblically based method for resolving disagreements and disputes.

I understand and accept all the terms of the financial arrangement listed in this application and all the stipulations stated on this therein. (_____)
initials

How did you hear about UCSS?

TUITION AND FEES
Application Fee: 75.00 (all programs)
Undergraduate: \$55.00 per semester hour
Masters Degree: \$65.00 per semester hour
Doc. of Biblical Studies \$70.00 per semester hour
Doc. of Ministry: \$75.00 per semester hour
Doc. of Theology: \$80.00 per semester hour
Auditing Fee \$25.00 per semester hour
Graduation Fee \$75.00 (all levels)

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APPLICATION/ENROLLMENT AGREEMENT

The application fee of 75.00 must be paid in full before it can be processed by the Registrar's office. Make sure that this form is fully completed before returning it to UCSS.

This agreement is binding by signature whether faxed, mailed or rendered in person and initial payment is acceptable as a firm commitment in good faith by all parties.

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THE STUDENT'S SIGNATURE

I certify that I have read and agree with the terms of this application and those listed in the college catalog.

Applicant signature

Date

Signature of Parent or Legal Guardian if applicant is under 21 years of age

Date