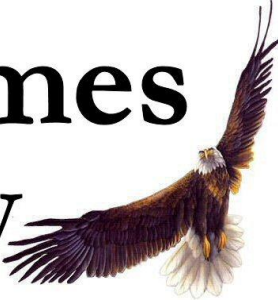


# Saint James University



## APPLICATION FOR ADMISSION

Undergraduate Programs

### PERSONAL INFORMATION

Student Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ S.S.# \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent / Guardian Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Citizenship:  USA  Canada  Other \_\_\_\_\_

Current Marital Status: *(Include a note of explanation if the categories marked with an asterisk apply to you or your spouse)*

- Single  Engaged  Married  Widowed  
 Separated\*  Divorced\*  Remarried\*

If not a US citizen **AND** you applying to take classes on campus, do you have a student visa?  Yes  No

Have you ever been arrested for any reason?  Yes  No *If so, please explain on a separate sheet.*

Have you ever been under the supervision of a parole officer or court?  Yes  No  
*If so, please explain on a separate sheet.*



### EDUCATIONAL INFORMATION

High school attending or graduated from \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Were you or, are you being homeschooled?  Yes  No

Have you taken the ACT?  Yes  No Have you taken the SAT I?  Yes  No

Please list all postsecondary schools you have attended.

*If you have attended more than two schools, submit additional school information on a separate sheet.*

College \_\_\_\_\_ Dates attended \_\_\_\_\_

College \_\_\_\_\_ Dates attended \_\_\_\_\_

## EDUCATIONAL INFORMATION (CONT'D)

Have you ever been denied enrollment, suspended, or dismissed from any school?  Yes  No  
*If so, please explain on a separate sheet.*

Do you have any outstanding college debts?  Yes  No

*You must have an official copy of your transcript on file in the Admissions Office before credits can be evaluated for possible transfer. A transcript request form is included with this application.*

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## CHRISTIAN LIFE INFORMATION

Have you trusted Jesus Christ as your Savior?  Yes  No

When? \_\_\_\_\_

Briefly describe your salvation experience. \_\_\_\_\_

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Do you attend church regularly?  Yes  No Are you a church member?  Yes  No

Are you a practicing tither?  Yes  No

Are your parents in full-time Christian service?  Yes  No Position \_\_\_\_\_

*If so, please list:*

Name of ministry \_\_\_\_\_

Ministry address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

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## ACCEPTANCE AGREEMENT

*Your signature below indicates your understanding and submission to the following conditions: Attendance at Saint James University is a privilege and is granted only to those who maintain a Christ-honoring testimony and desired standards of scholarship. Saint James University reserves the right to determine which students it shall admit and the right to dismiss any student at any time who in the judgment of the administration does not maintain such a testimony and standards. Behavior which indicates a disregard for the spirit and standards of the college will necessitate appropriate disciplinary action. Saint James University also reserves the right to be involved in the oversight of the students' living and working circumstances. I certify that the information given on this application and all related application forms is complete and accurate. I understand that knowingly providing false information or failure to provide true information may result in dismissal from the college. I also understand that I am financially responsible for the payment of this account.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please include the \$35 application fee, and mail this form to:**

ADMISSIONS OFFICE ♦ SAINT JAMES UNIVERSITY

PO BOX 591 ♦ KATY, TX 77492-0591

# Saint James University



## GENERAL RECOMMENDATION

### INSTRUCTIONS

After completing the first section, please give this form to someone you know well. This form should not be given to a relative. No action can be taken on your application until the Admissions Office receives this form.

### TO BE READ AND COMPLETED BY THE STUDENT

I am authorizing the release of the following information to be considered in my application for admission to Saint James University, and I understand that all information will be held in confidence by the college and will not be released to me or anyone else. I understand that this recommendation will be mailed directly to Saint James University.

Student's Name (please print) \_\_\_\_\_

Student's Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Semester applied for  Fall  Spring 20 \_\_\_\_\_

Phone number \_\_\_\_\_

Program applying for:  Undergraduate

Graduate

Extended Studies

### TO BE READ AND COMPLETED BY THE PERSON RECOMMENDING THE APPLICANT

Thank you for taking the time to complete this recommendation. Your comments will be given serious attention and will be held in confidence by the college. Please answer all the questions. Should we need further information, we will contact you by telephone.

What is the nature of your relationship to the applicant? \_\_\_\_\_

Please rate the applicant as to the following characteristics:

Characteristic	Excellent	Good	Average	Below Average	Unknown
Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness to church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? \_\_\_\_\_

List significant strengths and special abilities of the applicant. \_\_\_\_\_

Would you want your children to be in close association with the applicant?  Yes  No

If no, why not? \_\_\_\_\_

Do you know of any reason which should prevent the applicant from being accepted to attend Saint James University?

Yes  No If yes, please state reason. \_\_\_\_\_

To your knowledge, has the applicant accepted Jesus Christ as personal Savior?  Yes  No

To your knowledge, has the applicant followed Christ in believer's baptism?  Yes  No

To your knowledge, is the applicant a practicing tither?  Yes  No

You may use the space below for any additional information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

(\_\_\_\_) \_\_\_\_\_  
Phone number

\_\_\_\_\_  
Name (please type or print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address City State Zip

**Please return the completed form to the Admissions Office. Thank you.**

# Saint James University



## TRANSCRIPT REQUEST FORM For High School and College Records

It is the responsibility of the applicant to request an official transcript from all schools and colleges attended. Transcripts must be sent directly from the school or college to the Admissions Office at Saint James University.

This form is provided to aid you in requesting these transcripts. You may photocopy this form if you require additional copies. Simply complete the form and mail it to the institution from which you are requesting a transcript.

### TO THE REGISTRAR OR PRINCIPAL:

\_\_\_\_\_  
Complete name of high school or college

\_\_\_\_\_  
Dates attended

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Phone number

Please send a copy of my

High school transcript

Official College transcript

To:

Saint James University

P.O. Box 591

Katy, TX 77492-0591

\_\_\_\_\_  
Applicant's name (type or print)

(\_\_\_\_\_) \_\_\_\_\_  
Applicant's Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Signature