

The University of Los Angeles College of Divinity



Traditional and Non-Traditional Certificate, A.A., and B.A. Degree Programs 2023 - 2024

Information and Application

Mail to:

950 S. Central Avenue, Compton, CA 90220
Attn: Admissions

universityoflosangeles.org

Revised 8/9/2021



The University of Los Angeles College of Divinity

Admissions Checklist

The University of Los Angeles College of Divinity (ULACD) looks for students who have made a commitment to personal growth, academic development, and Christian values.

Step 1: Applicants will be considered when all items below have been received:

- ☐ Completed Admissions Packet: (Return all pages including the Tuition Agreement and Student Enrollment Agreement)
- ☐ Copy of Birth Certificate or Passport and Insurance Card
- ☐ Two Official High School Transcripts
- ☐ IEP or Special Needs Form (if applicable)
- ☐ Copy of SAT/ACT test scores
- ☐ Two Essays: 1. Why do you think you would benefit from being in our program?
2. How do you explain Christianity and your role as a Christian?

☐ Be sure to include \$50 Application Fee. Late Applications \$100 with Authorization.

Step 2: Return Admissions Packet and supporting documents from Step 1 (*choose one option*)

- ☐ Email: info@universityoflosangeles.org
- ☐ Mail: **University of Los Angeles and California College of Divinity**
Attn. Admissions
2046 Hillhurst Ave., #23, Los Angeles, CA 90027

All forms must be signed by student.

Step 3: Interview and Visit

- ☐ All prospective on-campus students must schedule a personal interview with our admissions department; this must be done on-campus. During that time you will have the opportunity to acquaint yourself with our environment, meet staff and participate in a learning session. This experience will allow you to get a better understanding of our program and the level of commitment we deliver and expect from our students.

Step 4: Decision/Tuition - General Agreement, Student Enrollment Agreement and Scholarship Agreement After submitting your completed Admissions Packet, with all necessary documents listed above, including a signed and approved Tuition Agreement, each student will be notified of their status. If accepted, the student will be required to complete the following:

- ☐ Program Orientation ☐ Medical Evaluation Physical (ALL athletes)

Note: Physicals must be complete in order to participate in any athletics program.

Step 5: Deposit

- ☐ **A \$275 NON-REFUNDABLE deposit is required for ALL applicants to reserve your opportunity to participate.** Money Order, Checks, International Wire Transfers and Credit Cards are accepted. Refer to Tuition Agreement form for details. Full deposit must be paid and all payment arrangements made, including signing Student Enrollment Agreement before any programming begins.

Questions If you have any questions regarding the details of the Admissions process, please contact us at: (310) 438-2965 or email: admissions@universityoflosangeles.org



Overview

MISSION STATEMENT

ULACD is an evangelical Christian University existing to help Students, Community and the Church, advance the work of God and impact society through embodying excellence in programs of Christian higher education and development in Christian faith, thought and practice. ULACD accomplishes this mission through a comprehensive program of biblical, theological, and general education, Christ-centered service and support, and applied scholarship in practical environments.

- We nurture the talents of each other.
- We inspire a sense of responsibility for each other.
- We challenge each other to embrace diversity.
- We motivate each other to respond compassionately to the needs of others, especially the poor.
- We provide exceptional and unparalleled programs to students of all diverse intellectual and academic backgrounds.
- We set high expectations for each student through individualized and advanced curriculum.

VISION STATEMENT

The vision of ULACD is to prepare Christian leaders to impact the world through their learned biblical and theological studies, as well as practical ministry that is to be practiced in the Church and the world. The fulfillment of this vision defines the work of this institution.

VALUES STATEMENT

ULACD is a non-denominational evangelical college with the highest Christian values. We value excellence in academics of higher education and practical ministry centered around a relationship with Jesus Christ. We value the development of Christian faith, thought and practice in the world to advance the work of God and impact the society at large.

ADVANTAGE

Students benefit academically, culturally, emotionally and spiritually through academic preparation and religious training in a positive, Christian environment, receiving focused attention and individual affirmation.

LOCATION

The University of Los Angeles College of Divinity is located at 950 South Central Ave., Compton, CA 90220. All mail is received at our administrative offices located at 2046 Hillhurst Ave., #23, Los Angeles, CA 90027.



The University of Los Angeles College of Divinity

Thank you for your interest in our programs. Please read carefully and answer all questions. Please print clearly.

Today's Date ____/____/____

APPLICATION FORM

Name (last, first, middle initial) _____

Gender ☐ Female ☐ Male Marital Status ☐ Single ☐ Married

Date of Birth (month/day/year) ____/____/____ Age _____

Permanent Home/Street Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____
(Country Code, Area Code, Phone Number) (Country Code, Area Code, Phone Number)

Fax Number _____ Email Address _____
(Country Code, Area Code, Phone Number)

Country of Citizenship _____ Birthplace _____
(City/Country)

Visa Status _____ Social Security # _____

ETHNIC BACKGROUND (Check one)

☐ American Indian/Alaskan Native Asian ☐ Asian-American/Pacific Islander ☐ White/Caucasian

☐ Black/African-American or African ☐ Hispanic/Latin-American ☐ Other _____

Country of Citizenship _____ Birthplace _____
(City/Country)

Native Language / Languages you speak fluently (other than English) _____

Referred by _____
(Specify person, magazine, web site, ad, school representative, other)

EMERGENCY CONTACT

Name (last, first, middle initial) _____ Relationship _____

Home Phone _____ Cell Phone _____
(Country Code, Area Code, Phone Number) (Country Code, Area Code, Phone Number)

GOALS / EXPECTATIONS

What are your goals/expectations for attending ULACD? _____

WORK ETHIC

(Rate your work ethic/commitment/dedication/motivation) 1-10, ten being the highest.

Please check only one ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10



The University of Los Angeles College of Divinity

ACADEMIC INFORMATION

High School Name _____ Street Address _____

City _____ State _____ Zip _____ Country _____

Grade Point Average (GPA) _____ Date Graduated _____ Date GED Passed _____

Please list all other post-secondary colleges attended after high school.

Name of School	City, State, Country	Credits Earned	Degree/Diploma Earned
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

ENROLLMENT INFORMATION

Degree Programs - Please check one

CERTIFICATE PROGRAMS

- ☐ Bible Studies
- ☐ Christian Counseling
- ☐ Christian Education
- ☐ Religious Studies
- ☐ Christian Music



☐ ORDINATION

☐ **ASSOCIATE** Degree
Emphasis: Christian Studies

☐ **BACHELOR'S** Degree In Christian Studies
Choose Emphasis:

Christian Ethics and Business
Christian Counseling
Christian Education
Christian Leadership
Biblical Studies & Theology

Starting Semester - Please check one. ☐ Spring ☐ Summer ☐ Fall

Application Fee (non-refundable): \$50
Registration Fee (non-refundable): \$50

Student Fee (non-refundable): \$50
Student ID Card Fee (non-refundable): \$20
Library Fee (non-refundable): \$50

Please enclose check or Money Order made payable:

ULACD Office of Admissions 2046 Hillhurst Avenue #23, Los Angeles, CA 90027

If accepted at ULACD, I agree to abide by the moral and educational standards of the Institute as defined in the student handbook. I certify that the answers in this application are true, complete and accurate to the best of my knowledge and belief.

Signature of Student

Date

Signature of Registrar

Date

USESS CENTER • 950 South Central Ave., Compton, CA 90220



The University of Los Angeles College of Divinity

Family Information

With whom does the applicant live?

☐ Mother ☐ Father ☐ Both Parents ☐ Other _____

Is the applicant divorced or separated? ☐ Yes ☐ No If Yes, what date _____

Who should receive financial statements? ☐ Self ☐ Mother ☐ Father ☐ Other: _____

Fill this out if you are 21 years old or under 21.

Parent/Guardian (Mother):	Parent/Guardian (Father):
Name: _____	Name: _____
<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Home/Street Address: _____	Home/Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Country: _____	Country: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
E-Mail Address: _____	E-Mail Address: _____
Place of Employment: _____	Place of Employment: _____
Business Address: _____	Business Address: _____
City, State, Zip: _____	City, State, Zip: _____
Country: _____	Country: _____
Position/Occupation: _____	Position/Occupation: _____
Business Phone #: _____	Business Phone #: _____
Siblings: (please give names and ages): _____	Siblings: (please give names and ages): _____

SPECIAL NEEDS:

Does the applicant have an identified learning difference? ☐ Yes ☐ No If yes, what is the identified learning difference? _____

Has the applicant ever had an IEP or 504 plan? ☐ Yes ☐ No (If yes, please provide a copy)

Has applicant ever been provided accomodations (extra time, etc.,) in the classroom or on standardized testing (SAT) ☐ Yes ☐ No If yes, please provide details: _____

Does the applicant have a chronic medical condition, such as diabetes, seizure disorder, severe allergies, mental health disorder, etc.? ☐ Yes ☐ No If yes, please provide details: _____

Does the applicant take any medications on a regular basis? ☐ Yes ☐ No If yes, please list all: _____



Applicant Questionnaire

To assist the admissions committee in becoming better acquainted with you, your thoughts and goals, please answer the questions below:

Student's Name: _____ *(Please print clear and legibly)*

I. Describe your most important academic accomplishment/achievement:

II. If we had only one spot left at ULACD, why should you be chosen over the other candidates?

III. What are your personal interests and what do you do to occupy your time?

IV. What do you love most about your home city? What do you like the least?

V. Describe yourself in three complete sentences:

1)

2)

3)



Medical History

To be completed by Student

Student's Name: _____ Date _____

1. Have you had an injury before? ☐ **Yes** ☐ **No** If yes, please list your injuries and specify date(s) _____

2. Check which apply to your current condition

☐ Athletic injury ☐ Work related injury ☐ Injury related to lifting ☐ Cause unknown
☐ Motor Vehicle accident ☐ Injury related to falling ☐ Other _____

3. Have you had a surgery related to any of your injuries? ☐ **Yes** ☐ **No** If yes, please specify the date(s) _____

4. Do you have, or have you had, any of the following: (Check each question, YES or NO)

	Yes	No		Yes	No		Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain/Angina	<input type="checkbox"/>	<input type="checkbox"/>	Osteoarthritis	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	Metal Implants	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Heart Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>	Urine Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Ringing in Your Ears	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>
Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	Skin Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Liver/Gallbladder Prob.	<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Breathing Prob.	<input type="checkbox"/>	<input type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **Yes** to any of the items above, please briefly explain and give the date, include any pertinent information regarding your past medical history _____

5. Do you have any allergies (including medicines or supplements)? ☐ **Yes** ☐ **No** If yes, please explain _____

6. Are you presently taking any medications? ☐ **Yes** ☐ **No** If yes, please list the medication and what condition it is for _____

EMERGENCY CONTACT INFORMATION

Name _____ Relation _____
Home Phone _____ Cell Phone _____

MEDICAL INSURANCE INFORMATION

Insurance Name _____ Policy # _____
Address _____
City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____
(Country Code, Area Code, Phone Number) (Country Code, Area Code, Phone Number)

Each student is required to take a physical examination before beginning any program on campus.



REQUIRED FOR ALL ATHLETES

Physical Examination

To be completed by Doctor

Student's First Name _____ Last Name _____

Gender: _____ Male _____ Female _____ Date of Birth _____/_____/_____
(month/day/year) Age _____

Height _____ Weight _____ % Body fat (optional) Pulse _____ BP _____

Vision R 20/____ L20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

Follow-Up questions on more sensitive issues

Yes No

1. Do you feel stressed out or under a lot of pressure? ☐ Yes ☐ No
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days? ☐ Yes ☐ No
3. Do you feel safe? ☐ Yes ☐ No
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? ☐ Yes ☐ No
5. Do you currently smoke? ☐ Yes ☐ No
6. During the past 30 days, did you use chewing tobacco, snuff or dip? ☐ Yes ☐ No
7. During the past 30 days, have you had at least 1 drink of alcohol? ☐ Yes ☐ No
8. Have you ever taken steroid pills or shots without a doctor's prescription? ☐ Yes ☐ No
9. Have you ever taken any supplements to help you gain or lose weight or improve your performance? ☐ Yes ☐ No
10. Questions from the Youth Risk Behavior Survey (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>)
on guns, seatbelts, unprotected sex, domestic violence, drugs, etc. ☐ Yes ☐ No

Notes: _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set up only. Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of Physician (print) _____ Date _____ Phone _____

Physician's Signature _____

Street Address _____

City _____ State _____ Zip _____ Country _____



The University of Los Angeles College of Divinity

Health History**Preparticipation Physical Examination Pg. A**

Date of Exam ____/____/____

(Please print clear and legibly)

Athlete's First Name _____ Last Name _____

Gender: ____ Male ____ Female Date of Birth ____/____/____ Age ____
(month/day/year)

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____
(Country Code, Area Code, Phone Number) (Country Code, Area Code, Phone Number)

Personal Physician _____ Phone _____

In case of emergency, contact Name _____

Relationship _____ Phone (H) _____ (W) _____

Choose **Yes** or **No** for each question. If you don't know the answer to a question, circle the number.
Explain **Yes** answers at the end of the list.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (<i>over-the-counter</i>) medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (<i>check all that apply</i>): | | |
| <input type="checkbox"/> High blood pressure <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart murmur <input type="checkbox"/> A heart infection | | |
| 10. Has a doctor ever ordered a test for your heart? (<i>for ex., ECG, Echocardiogram</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below. | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Neck Shoulder Upper Arm Elbow Forearm Hand/Fingers Chest | | |
| Upper Back Lower Back Hip Thigh Knee Calf/Shin Ankle Foot/Toes | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? If yes, circle below. | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Neck Shoulder Upper Arm Elbow Forearm Hand/Fingers Chest | | |
| Upper Back Lower Back Hip Thigh Knee Calf/Shin Ankle Foot/Toes | | |

continued



Health History

Preparticipation Physical Examination Pg. B

19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below. ☐ ☐
Head Neck Shoulder Upper Arm Elbow Forearm Hand/Fingers Chest
Upper Back Lower Back Hip Thigh Knee Calf/Shin Ankle Foot/Toes
20. Have you ever had a stress fracture? ☐ ☐
21. Have you been told that you have or have you had an x-ray for atlantoaxial (*neck*) instability? ☐ ☐
22. Do you regularly use a brace or assistive device? ☐ ☐
23. Has a doctor ever told you that you had asthma or allergies? ☐ ☐
24. Do you cough, wheeze, or have difficulty breathing during or after exercise? ☐ ☐
25. Is there anyone in your family who as asthma? ☐ ☐
26. Have you ever used an inhaler or taken asthma medicine? ☐ ☐
27. Were you born without or are you missing a kidney, an eye, testicle, or any other organ? ☐ ☐
28. Haver you had infectious mononucleosis (*mono*) within the last month? ☐ ☐
29. Do you have any rashes, pressure sores, or other skin problems? ☐ ☐
30. Have you had a herpes skin infection? ☐ ☐
31. Have you ever had a head injury or concussion? ☐ ☐
32. Have you been hit in the head and been confused or lost your memory? ☐ ☐
33. Have you ever had a seizure? ☐ ☐
34. Do you have headaches when you exercise? ☐ ☐
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? ☐ ☐
36. Have you ever been unable to move your arms or legs after being hit or falling? ☐ ☐
37. When exercising in the heat, do you have severe muscle cramps or become ill? ☐ ☐
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? ☐ ☐
39. Have you had any problems with your eyes or vision? ☐ ☐
40. Do you wear glasses or contact lenses? ☐ ☐
41. Do you wear protective eye wear, such as goggles or a face shield? ☐ ☐
42. Are you happy with your weight? ☐ ☐
43. Are you trying to gain or lose weight? ☐ ☐
44. Has anyone recommended you change your weight or eating habits? ☐ ☐
45. Do you limit or carefully control what you eat? ☐ ☐
46. Do you have any concerns that you would like to discuss with a doctor? ☐ ☐

FEMALES ONLY

47. Have you ever had a menstrual period? ☐ ☐
48. How old were you when you had your first menstuel period? _____
49. How many periods have you had in the last 12 months? _____

Explain YES answers here _____

I hereby state, that to the best of my knowledge, my answers to the above questions are complete and correct.

Student's Signature _____ Date _____



The University of Los Angeles College of Divinity

Health Insurance

PARTICIPATION IN THE USESS PROGRAMS

I understand that ULACD and its staff ASSUME NO FINANCIAL OBLIGATIONS IN THE CASE OF ILLNESS OR ACCIDENT. THE ULACD HAS MY AUTHORITY TO SECURE THE NECESSARY MEDICAL ATTENTION. I understand that the ULACD and its staff do not provide accident insurance.

In the event that the student's physician cannot be contacted immediately, I give my consent for the ULACD to use their best judgment in caring for me including calling a physician or ambulance for immediate hospitalization and administering anesthesia if deemed necessary, until I can give my own consent or until a family member can be reached.

I agree to the above: ☐ **Yes** ☐ **No** Initials Required _____

Student's Name (Please print) _____

Student's Signature _____ Date _____



Academic Character Reference

Student's Name: _____ **Birthdate** _____

To the Student:

Please submit this form to an adult (non-relative) who has known you for at least one year, in an academic area of your life. This should be a person who can speak about your character, integrity and work ethic.

To the Reference:

The above named applicant is applying for enrollment to ULACD. Our program combines rigorous academics with a high-quality and demanding religious training. The ULACD should only be pursued by students of unquestioned motivation, high character and work ethic. Since demands on the individual are high, commitment is a vital component in selection.

We thank you in advance for the assistance your judgments will provide. Your knowledge of the applicant and willingness to give us an honest appraisal will prove invaluable in our decision-making process. We assure you that all aspects of your recommendation will be kept confidential.

Please return this form to the applicant; this form should be included along with the applicant's application. Thank you for taking the time to complete this form. (Please use additional sheet(s) if necessary).

Reference Name: _____ **Occupation:** _____ **Date:** _____

Daytime Phone: _____ **Work Phone:** _____

☐ How long have you known this applicant? _____

☐ What is your relationship to him/her? _____

☐ What are the first three words that come to mind in describing the applicant?

(1) _____ (2) _____ (3) _____

How would you rate the applicant in the following areas compared with others of the same age? (check box)

	Below Average	Average	Good	Excellent
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the applicant's overall attitude, cooperation and involvement with others. _____

Are you aware of any family circumstances that would affect the student in the program? Please explain: _____

Please share with us any additional qualities, strengths, weaknesses or experiences you think we should be aware of as we evaluate the applicant's candidacy. _____

Reference Signature: _____ **Date** _____



The University of Los Angeles College of Divinity

Non-Academic Character Reference

Student's Name: _____ **Birthdate** _____

To the Student:

Please submit this form to an adult (non-relative) who has known you for at least one year, in a non-academic area of your life. This should be a person who can speak about your character, integrity and work ethic.

To the Reference:

The above named applicant is applying for enrollment to ULACD. Our program combines rigorous academics with a high-quality and demanding religious training. The ULACD should only be pursued by students of unquestioned motivation, high character and work ethic. Since demands on the individual are high, commitment is a vital component in selection.

We thank you in advance for the assistance your judgments will provide. Your knowledge of the applicant and willingness to give us an honest appraisal will prove invaluable in our decision-making process. We assure you that all aspects of your recommendation will be kept confidential.

Please return this form to the applicant; this form should be included along with the applicant's application. Thank you for taking the time to complete this form. (Please use additional sheet(s) if necessary).

Reference Name: _____ **Occupation:** _____ **Date:** _____

Daytime Phone: _____ **Work Phone:** _____

☐ How long have you known this applicant? _____

☐ What is your relationship to him/her? _____

☐ What are the first three words that come to mind in describing the applicant?

(1) _____ (2) _____ (3) _____

How would you rate the applicant in the following areas compared with others of the same age? (check box)

	Below Average	Average	Good	Excellent
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the applicant's overall attitude, cooperation and involvement with others. _____

Are you aware of any family circumstances that would affect the student in the program? Please explain: _____

Please share with us any additional qualities, strengths, weaknesses or experiences you think we should be aware of as we evaluate the applicant's candidacy. _____

Reference Signature: _____ **Date** _____



Spiritual Character Reference

Student's Name: _____ Birthdate _____

To the Student:

Please submit this form to an adult (non-relative) who has known you for at least one year, in a spiritual area of your life. This should be a person who can speak about your spirituality, character, integrity and work ethic.

To the Reference:

The above named applicant is applying for enrollment to ULACD. Our program combines rigorous academics with a high-quality and demanding religious training. The ULACD should only be pursued by students of unquestioned motivation, high character and work ethic. Since demands on the individual are high, commitment is a vital component in selection.

We thank you in advance for the assistance your judgments will provide. Your knowledge of the applicant and willingness to give us an honest appraisal will prove invaluable in our decision-making process. We assure you that all aspects of your recommendation will be kept confidential.

Please return this form to the applicant; this form should be included along with the applicant's application. Thank you for taking the time to complete this form. (Please use additional sheet(s) if necessary).

Reference Name: _____ Occupation: _____ Date: _____

Daytime Phone: _____ Work Phone: _____

☐ How long have you known this applicant? _____

☐ What is your relationship to him/her? _____

☐ What are the first three words that come to mind in describing the applicant?

(1) _____ (2) _____ (3) _____

How would you rate the applicant in the following areas compared with others of the same age? (check box)

	Below Average	Average	Good	Excellent
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the applicant's overall attitude, cooperation and involvement with others. _____

Are you aware of any family circumstances that would affect the student in the program? Please explain: _____

Please share with us any additional qualities, strengths, weaknesses or experiences you think we should be aware of as we evaluate the applicant's candidacy. _____

Reference Signature: _____ Date _____



Course Registration Form

Your registration is a formal agreement. Keep a copy for verification. You will be billed from this agreement and assigned to the class rosters you indicated. Any revision to this registration must be made with an official "Add/Drop" form.

Student ID#	Social Security #	Year	Semester - Please check <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall
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Name (last, first, middle initial) _____

Gender ☐ Female ☐ Male

Marital Status ☐ Single ☐ Married

Date of Birth (month/day/year) ____/____/____ Age _____

Permanent Home/Street Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____
(Country Code, Area Code, Phone Number) (Country Code, Area Code, Phone Number)

Fax Number _____ Email Address _____
(Country Code, Area Code, Phone Number)

Course No.	Course Title	Instructor	Day	Units	Office Only

TOTAL UNITS _____

REGISTRATION FEE _____

Signature _____
(Academic Advisor)

STUDENT'S RESPONSIBILITIES

By signature below, I acknowledge and agree to abide by the following:

1. To meet with academic advisor before registration.
2. To pay the non-refundable registration fee.
3. To read the published prerequisites of the course for which I register.
4. To comply with the refund/withdrawal policy printed on the enrollment agreement and current school catalog.
5. To abide by the rules and regulations governing student conduct published in the school catalog and the student handbook.
6. To sign a Student Enrollment Agreement.

Student Signature _____

Date _____

_____ Initials of staff verifying registration



The University of Los Angeles College of Divinity

Student Drug and Alcohol Abuse Policy Notification

ULACD is dedicated to providing a campus environment free of the illegal and/or abusive use of alcohol and/or drugs. The illegal and/or abusive use of drugs and/or alcohol by members of the campus community jeopardizes the safety of the individual and the campus community and is contrary to the academic learning process.

Students are prohibited from the following:

1. Abusing alcohol or drugs;
2. Working, attending class or participating in any school activity while under the influence of alcohol;
3. Working, attending class or participating in any school activity while under the influence of a controlled dangerous substance.

Students who are determined to have violated the School's Drug and Alcohol Abuse Policy, are subject to sanctions outlined in the Institute's Code of Student Conduct & Disciplinary Procedures, which may include, but are not limited to suspension or expulsion from the Institute.

By signing this document, I acknowledge that I have thoroughly read, understand, and agree to comply with all provisions of the Drug and Alcohol Abuse Policy for employees and students of ULACD. I further understand that if I decline to sign this policy statement/notification, I will not be eligible for employment/enrollment and may be denied admission to the Institution.

Students are prohibited from any type of harrassment and bullying.
Christian ideals and philosophy shall be adhered to at all times.

Date _____

Student's Name (*Please print*) _____

Student's Signature _____

Program (*check one*)

- ☐ **CERTIFICATE**
- ☐ **ORDINATION**
- ☐ **ASSOCIATE** Degree
- ☐ **BACHELOR'S** Degree



The University of Los Angeles College of Divinity

Tuition/Fee Agreement

Student's Name _____ School Semester/Year _____
Program Year _____/Semester _____ Duration _____
Program _____ Current Academic Standing _____

FINANCIAL RESPONSIBILITY

All Applications Require Application Fee to Process

- ☐ \$50 Application Fee (Non-Refundable) \$100 after due date.
☐ \$50 Registration Fee (Semester) (Non-Refundable)
☐ \$50 Student Fee (Semester) (Non-Refundable)
☐ \$20 Student ID Card (Non-Refundable)
☐ \$50 Library Fee (Semester) (Non-Refundable)
☐ \$275 Deposit (Non-Refundable) Totaling: _____
☐ Program Tuition: Program Units _____ x _____ Totaling: _____
☐ Additional Programs Description _____ Totaling: _____
- Total fee for the above student is \$ _____

Please Note: ALL SPECIAL PROGRAM FEES ARE NON-REFUNDABLE.

- Payment can be made by Money Order, Checks, International Wire Transfer and on-line using a Credit Card.
- **All tuition payments must be paid before starting any program (unless a payment schedule has been arranged).** If a payment schedule has been arranged it must be strictly adhered to.
- ✓ It is agreed that the program fees and used tuition are non-refundable.
- ✓ It is agreed that the ULACD may, temporarily or permanently, withdraw the student immediately upon the program's discretion, as deemed to be for the best interest of the student, other students or the ULACD.
- ✓ The undersigned acknowledges that the facilities and programs are satisfactory as represented.
- ✓ It is agreed that all fees must be current before participating in any programs.
- ✓ This agreement is executed in duplicate, and the student acknowledges receipt of a copy herein. Should it be necessary to institute legal proceedings for the collection of any part of the aforesaid sum, the undersigned agrees to pay Court costs and reasonable attorney's fees therefore.
- ✓ All deposits and fees are non-refundable and cover consulting, evaluation, and basic operation costs.
- ✓ We reserve the right to deny, retain or dismiss any student due to improper conduct, fighting, excessive foul language, disruptive attitudes, behavior issues, previous incidents, providing false information, excessive absences and tardiness, legal issues, and/or any additional situation that will jeopardize other students.
- ✓ A fully executed Student Enrollment Agreement must be signed and on file before beginning any programming.

Executed at THE USESS CENTER this _____ day of _____ 20 _____

Student's Name (*Please print*) _____

Student's Signature: _____