



Covenant International University & Seminary

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Website: cuis-edu.com

Application for Admission

Applicant: Please read the requirements for admission before completing this application. Print clearly the information requested. Return this form and a **non-refundable fee of \$75.00** to: **Covenant International University and Seminary**

Attach
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APPLICATION FORM

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Fax:** _____

Date of Birth: _____ **Age:** _____ **Sex:** _____

International Passport Number: _____ **Driver's License**
#: _____

Marital

Status: _____ **Single:** _____ **Married** _____ **Divorced** _____ **Widow(er):** _____

Hair Color: _____ **Eye Color:** _____ **Height:** _____
Weight: _____

Present Occupation: _____

Are you credentialed for ministry? _____

Level: Licensed Ordained--If so, what Church or Denomination?

Email: _____

Academic History:

Name of Institution: _____

Address: _____

Name of Institution: _____

Address: _____

Name of Institution: _____

Address: _____

Highest Level of
Education: _____

GENERAL APPLICATION CONTINUES:

Applicant agrees to the following terms and conditions: Agreement made by and between the Applicant whose name and address are listed above, hereinafter referred to as the "applicant," and COVENANT INTERNATIONAL UNIVERSITY AND SEMINARY., whose principal place of business is located at 7457 HARWIN DRIVE, HOUSTON, TEXAS 77036 USA, hereinafter referred to as the "School".

School (Select Department of Choice) _____

- COLLEGE OF THEOLOGICAL STUDIES**
- COLLEGE OF INTERNATIONAL CHAPLAINCY**
- COLLEGE OF INTERNATIONAL STUDIES**

Program Start Date _____

Anticipated Date of Completion _____

COVENANT INTERNATIONAL UNIVERSITY maintains continuous enrolment throughout the program. This agreement is for the program below.

Programs at A Glance

Please choose the type of degree and Name of Degree you are applying for:

Associate Degree: _____

Bachelor Degree: _____

Master Degree: _____

Doctoral Degree: _____

Degree Concentration: _____

CONVOCATION DATE: _____

Student Initials: _____

Legally Binding This Agreement is legally binding when signed by the student and accepted by **COVENANT INTERNATIONALUNIVERSITY**.

Student Initials:: _____

Online Disclosure When tuition for a course(s) is paid by the student within in 72 hours the student is issued a CIUS number and password for access to the online restricted classroom. The classroom contains the syllabi, assignment/lessons and exams. Any textbooks required for the course(s) is the students responsibility to order and purchase. Students have the right to cancel any course(s) and receive a full refund within 7 calendar days from the receipt of the "new student notification" emailed to the student containing the **CIUS** number and password and course(s) information paid to access the online restricted classroom. Any books purchased by the student for the course(s) is the student's responsibility to return and obtain a refund. All assignments/lessons and exams are accessed through the online restricted classroom at the **COVENANT INTERNATIONALUNIVERSITY** website. After the 15TH day of the receipt of the "new student notification" emailed to the student there is no refund. **Please refer to refund policy.**

Student Initials: _____

Student's Right to Cancel: The student has the right to cancel the enrolment agreement and obtain a refund of all charges paid through attendance at the first class session, or the 5th day after enrolment, whichever is later.

Student Initials: _____

Refund Policy Refunds are granted in accordance with the refund policy listed herein. The school shall issue a refund via postal mail to the applicant as outlined herein within fifth (5) days of receipt of the Signed Notice of Cancellation Form. The form is available in the Student Online Classroom, which you may access using your **CIUS** user ID and password. The Applicant must submit the signed "Notice of Cancellation Form" as described herein by postal mail or fax. Postal Mail address:: Covenant **International University**.,.

Student Initials: _____

Transfer Credits "NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION" The transferability of credits you earn at **COVENANT INTERNATIONAL UNIVERSITY** is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the (degree, diploma, or certificate) you earn in (name of educational program) is also at the complete discretion of the institution to which you may seek to transfer. If the (credits or degree, diploma, or certificate) that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make sure that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending **COVENANT INTERNATIONAL UNIVERSITY** to determine if your (credits or degree, diploma or certificate) will transfer."

Student Initials: _____

Received Documents Prior to Signing I certify that I have received the catalogue, and information regarding the school.

Student Initials: _____

Student Name: _____

Date: _____

Signature: _____

Additional Comments:

Please submit when you have finished reading and filling out the enrollment agreement.

NOTE: Please allow up to five (5) working days to process your application and assessment.

Date application submitted:
