Capstone Excelsior University, LLC—C.E.U.
Application for Admission (AFA) Form #2101 | Instructions

This package contains the initial list of forms needed to apply to C.E.U.'s undergraduate or graduate program(s). The forms below are also needed documents associated with the Registration and Enrollment Process.

Procedure:

_____Current Schedule of Student Charges

_____Application for Admission {AFA} Undergraduate and Graduate Degrees

_____Student Assessment Examination {SAE}

_____Official Request for Transcript for Admission or Transfer to C.E.U.
Form #2024 (if applicable)

_____C.E.U.'s Degree Program Recommendation Form #2029

_____Intuition's Student Catalog *{upon payment of the enrollment fee of $150.00}*

The application packet that are filled out completely and accurately require less handling. Otherwise, this process could result in timely delay notification of status and program counseling.

Application Procedure and Student Charges-

1. A non-refundable registration fee of $**50.00** must accompany this application. Make check payable to C.E.U. Visa, MasterCard and Discover are also accepted. Upon acceptance into the institution pay the onetime non-refundable **$200.00** (Which includes the Arno Profile System (APS), enrollment materials, and electronic C.E.U. Student Catalog in PDF format).
2. Read, complete, and sign pages seven through nine of this application.
3. Review and follow the "Registration and Enrollment Procedure" Form #2015.

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General Information-

A Letter of acceptance or rejection will be mailed after your Admission Committee Interview. Upon acceptance into the institution students must pay all tuition cost in advance before attending any classes. You will receive further information about the time and place for the next orientation as well as the next regular class date. Admission cannot be officially considered until the Application for Admission {AFA} is signed and received by the Admissions Office. (A copy of the {AFA} should be included in your life portfolio/resume ***if*** you plan to complete this project). Please, understand that any omission, misrepresentation, or falsification will not be considered.

Physically Return Application and Fee To:

Capstone Excelsior University, LLC – C.E.U.

Mail Application and Fee To:
National Headquarters
P.O. Box 3329
Westerville, Ohio 43086

Or

Fax Application and Mail Fee to the above address:

Toll Free Fax No. (877) 852-7536

For Any Questions Call:

Toll Free Telephone No. (877) 852-7536

Picture:

Please, include your picture with your application. You may mail your picture to C.E.U. in a separate cover, if you are applying on-line.

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Capstone Excelsior University, LLC—C.E.U.

National Headquarters: Westerville, Ohio
Mailing Address: P.O. Box 3329, Westerville, Ohio 43086-3329
Main Number: (877) 852-7536
E-mail: AdminCEU@CapstoneEU.org
Website: http://www.CapstoneEU.org
NCCA: Certified Academic Institution (C.A.I.)

ACI:
Accrediting Commission International
for
Schools, Colleges, and Theological Seminaries

Mail the completed form to:
Office of the Register
Include Application in Your Resume

Application for Admission
{AFA}
{Undergraduate and Graduate Degree Programs}
Please type or print clearly

Official Institution Application for Admission (AFA) – Form #2101

All Fields must be completed
Personal Data
Applying for: ☐ Associate ☐ Bachelors ☐ Masters ☐ Doctorate ☐ Certificate ☐ COC

Quarter you wish to begin: _____

Name (first, middle and last or full name)

Social Security Number / Student ID Number Date of Birth and Birth Place (City & State)

Address Place of Birth

City, State & Zip Code (full address required and no abbreviations) Home Phone
Please, include area code
( )

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E-mail Address | Fax Number ( )

Citizenship (Can you provide proof?) Yes ☐ No ☐ Gender Male☐ Female ☐
Native Language_____

Race/Ethnicity: (Optional-for reporting purposes only) Picture: (please, include your picture with your application)

African American / Black ☐ European American / White ☐ Asian American ☐

Pacific Islander ☐ Hispanic ☐ Native American / American Indian ☐ Other ☐

Specify other_____

Employment History

Employer's Name (Current) | Contact for Verification

Your Position / Title

Employer's Address | Office Phone ( )

City, State & Zip Code | Fax Number ( )

Ministerial Data

Church Affiliation

Your Pastor's Name

Church Address | Church Phone ( )

City, State & Zip Code | Fax Number ( )

Your Area of Ministry:
Christian Education ☐ Pastoral ☐ (Years_____) Evangelistic ☐ Music ☐
Youth Ministry ☐ Leadership / Administrative ☐ Other ☐ (Specify) _____

Ministerial Credentials:
Licensed ☐ Ordained ☐ How Long? _____ NA ☐

Organization's Name_____

Spiritual Gifts / Talents, which God has bestowed upon you: (I Corinthians 12:4-11)

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Administration(s)	☐	Bishop/overseer/Apostle	☐
Word of Wisdom	☐	Prophetic ministry	☐
Word of Knowledge	☐	Evangelist	☐
Faith	☐	Pastor	☐
Gifts of healing	☐	Teacher	☐
Working of Miracles	☐	Ministry of Music	☐
Prophecy	☐	Other_____	
Discerning of spirits	☐	Other_____	
Divers kinds of tongues	☐	Other_____	
Interpretation of tongues	☐	Other_____	
Helps	☐	Other_____	

Comments_____
_____
_____
_____

Educational Degrees offered at C.E.U. – What is your plan?

What is your proposed degree program/division(s), or distinctive desired area of concentration/or major you are applying for:

Certificate (13 Weeks of Study)	☐
Certificate of Completion (13+ Weeks of Study)	☐
Associate of Theology	☐
Associate of Biblical Studies	☐
Associates of Christian Counseling	☐
Bachelors of Theology	☐
Bachelors of Christian Counseling	☐
Master of Theology	☐
Master of Christian Counseling	☐
Master of Pastoral Care and Counseling	☐
Doctorate of Theology	☐
Doctorate of Christian Counseling	☐
Doctor of Philosophy in Clinical Christian Counseling	☐

Special Trainings | College of Ministerial Studies

NCCA Curriculum and Academy Training {distance learning and classroom requirements}. Specialized Ministerial Training License Course with Catechism for Licensing. ☐

Other_____
_____

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What is the highest degree you plan to complete?

Not applicable	☐
Associate	☐
Bachelors	☐
Masters	☐
Doctorate	☐

Educational Data

Highest Level of Diploma / Degree or Entrance Degree Level

[Please, list all institutions, technical, trade, colleges, universities and or theological seminaries and or training that you have received or that you have attended. Also include your high school education or GED certification. You may utilize an attached sheet if necessary]

Does C.E.U. have permission to obtain transcripts and records from the former school(s) you have attended? Yes ☐ No ☐

High School Data / Name:

Address

City, State & Zip Code Phone ( )

Date Attended Diploma or GED Certificate Emphasis

College / University: #1

Address

City, State & Zip Code Phone ( )

Date Attended Degree / Other / Credits Major

College / University: #2

Address

City, State & Zip Code Phone ( )

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Date Attended Degree / Other / Credits Major

Theological Seminary / University:

Address

City, State & Zip Code Phone ( )

Date Attended Degree / Other / Credits Major

Trade, Technical or Other Training:

Address

City, State & Zip Code Phone ( )

Date Attended Degree / Trade / Other / Credits Major

General Data

(Optional)

Veteran or current military service: Yes ☐ No ☐
Home of record while in service: _____Active duty dates: _____
Branch of Service: _____

Orientation Date: _____

[Please, submit a copy of this **C.E.U.** "Enrollment and Registration Graduate Degree Program Application" {ERGDP}, your completed Student Assessment Examination {SAE}, and two letters of recommendations with your life portfolio/resume *if* you plan to complete this *optional* project]

I understand that the Capstone Excelsior University, LLC is primarily a religious school. Credits are not guaranteed by secular or state-run programs. Accrediting Commission International is primarily a private school association unrelated to government accreditation.

_____ _____

Student Signature **Date**

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Furthermore, I understand that the training given by Capstone Excelsior University, LLC—C.E.U. is a religious institution, and is *exclusively* for religious, church, and or ministerial purposes and or training only, and it is *not* represented as secular in nature in any manner. No claim is made that any secular school will accept course work done at this school. The school is not affiliated with the Department of Higher Education in the State of California.

Additionally, I certify that to the best of my knowledge, all statements I have made in this application are true and that information contained in this application is complete and accurate. I authorize investigation of all statements contained in this application as deemed necessary for the admission and registration process. I understand that submission of inaccurate, incomplete, false or misleading information in my application or interview may result in expulsion or termination from the institution. I understand as well, that I am to abide by all rules and regulations of the university.

Applicant's Signature_____

Name Printed_____

Date of Signature_____

Notice of Non-Discriminatory Policy

Capstone Excelsior University, LLC—C.E.U. is Non-Denominational and believes in equality of opportunity. C.E.U. does *not discriminate* on the basis of and *admits* students of both gender/sex, race, creed, color, ancestry, national or ethnic origin, age, disability/handicap, or religion to all the rights, privileges, programs, services, and activities, and in its admissions policies, academic or standards, nor in the planning, and administration generally accorded or made available to students at the institution.

C.E.U. Westerville, OH. FOR OFFICE USE ONLYApplication Assessed: Initials of qualified admissions staff_____

Capstone Excelsior University, LLC—C.E.U., U.S.A.

Any applicant accepted for enrollment to the school must read and sign this document

Applicant's Signature_____

Name Printed_____

Date of Signature_____ Date _____

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I hereby promise that, I as a student of C.E.U., will not sell, copy, or let others sell or copy tapes, videos or textbooks without express permission of the institution.

Applicant's Signature_____

Name Printed_____

Date of Signature_____ Date _____

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