



LIFE CHRISTIAN UNIVERSITY

CAMPUS APPLICATION PROCESS:

1. Check lcus.edu/lcu-campus-locator/index.php be sure your church is not within a 45-minute drive from another campus. If you are near a state line, be sure to check cities in the nearby state as well.
2. COMPLETE THE *CAMPUS APPLICATION*.
3. COMPLETE THE *HOST PASTOR APPLICATION*.
 - a. **IF YOU PLAN TO TEACH**, send for transcripts from all schools listed. This will enable us to assess your academic level and determine your next degree.
 - b. **IF YOU *DO NOT* PLAN TO TEACH**, you do not need to fill out the “Educational Information” section of the application or provide transcripts.
4. COMPLETE THE *BIBLE TEACHING EXPERIENCE FORM*. This will document your ministry qualifications to oversee an extension campus.
5. Provide two *Minister’s Recommendations* (to be sent directly to LCU by those writing the recommendations).
6. Send in a copy of: your 501(c)(3) or your Articles of Incorporation or your Denominational Affiliation Papers
7. Gather your documents, using the *Campus Application Package Checklist*.
8. SEND your Campus Application Package and Fee:

BY MAIL:

Include a check for your Campus Application fee of \$250 made payable to Life Christian University, or provide your Visa, MasterCard, American Express or Discover information. (This fee is refundable if for some reason your campus cannot be approved.)

Mail to:

**Dr. Douglas Wingate
Life Christian University
P.O. Box 272360
Tampa, FL 33688**

OR BY FAX:

Fax to: Dr. Douglas Wingate at 813-909-9730

Then call us with your Visa, MasterCard, American Express or Discover information.

ONCE YOUR CAMPUS IS APPROVED:

We will send you a Director’s Handbook with complete instructions to run your new Life Christian University Campus!

**Main Campus &
Administration Offices**

Street Address
410 East Chapman Road
Lutz, Florida 33549

Mailing Address
P.O. Box 272360
Tampa, Florida 33688

Phone
Voice: 813-909-9720
FAX: 813-909-9730

Online
main.campus@lcus.edu
<http://www.lcus.edu>



LIFE CHRISTIAN UNIVERSITY

CAMPUS APPLICATION

Campus Location (City, State): _____ Date: _____

Campus Code (to be assigned by Main Campus): _____ - _____

IMPORTANT: Please PRINT or TYPE. ANSWER ALL QUESTIONS. Put "N/A" if an item does not apply.			
1. CHURCH / MINISTRY INFORMATION			
CHURCH NAME			
MAILING ADDRESS (WHERE SHOULD CORRESPONDENCE BE SENT?)		CITY	STATE / PROVINCE
		POSTAL CODE	COUNTRY
SHIPPING ADDRESS (WHERE SHOULD UPS AND FEDEX PACKAGES BE SHIPPED?)		CITY	STATE / PROVINCE
		POSTAL CODE	COUNTRY
PHYSICAL ADDRESS (WHERE ARE CLASSES HELD?)		CITY	STATE / PROVINCE
		POSTAL CODE	COUNTRY
OFFICE AREA CODE & PHONE NUMBER	OFFICE AREA CODE & FAX NUMBER	CHURCH WEB SITE ADDRESS	MINISTRY LAUNCH DATE (MM / YYYY)
2. LEADERSHIP INFORMATION			
PASTOR NAME		PASTOR HOME AREA CODE & PHONE	PASTOR ALTERNATE AREA CODE & PHONE
DIRECTOR NAME (IF OTHER THAN PASTOR)		DIRECTOR HOME AREA CODE & PHONE	DIRECTOR ALTERNATE AREA CODE & PHONE
DIRECTOR EMAIL ADDRESS **REQUIRED**			
3. AGREEMENT & SIGNATURE			
BY MY SIGNATURE AT RIGHT, I SIGNIFY THAT:		(PLEASE INITIAL EACH POINT BELOW.)	
<ul style="list-style-type: none"> I HAVE READ AND CONCUR WITH THE LIFE CHRISTIAN UNIVERSITY STATEMENT OF FAITH. _____ I AGREE TO ABIDE BY THE PROCEDURAL GUIDELINES OF THE UNIVERSITY. _____ IF I AM PAYING THE CAMPUS FEE BY CREDIT CARD, MY SIGNATURE ALSO AUTHORIZES LCU TO CHARGE IT TO THE ACCOUNT SPECIFIED BELOW. _____ 		SIGNATURE	
		TITLE	
		DATE	
4. METHOD OF PAYMENT (CAMPUS FEE: \$250)			
<input type="checkbox"/> CHECK <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	CREDIT CARD ACCOUNT HOLDER NAME	ACCOUNT NUMBER	EXPIRATION DATE

MAIL TO: Dr. Douglas Wingate
Life Christian University
P.O. Box 272360
Tampa, FL 33688

OR FAX TO:
Dr. Douglas Wingate at 813-909-9730



LIFE CHRISTIAN UNIVERSITY

HOST PASTOR APPLICATION

This required form is used to assess the academic standing of Host Pastors, Directors, and Instructors.

CHECK ALL POSITIONS THAT YOU ARE APPLYING FOR: Host Pastor Spouse of Host Pastor Director Instructor*

Date: _____ Campus City & State: _____ Campus Code: _____ - _____

IMPORTANT:

- Please PRINT or TYPE.
- ANSWER ALL QUESTIONS. Applications will not be processed nor academic standing be assessed unless all questions are answered and the application signed and dated by the applicant.
- Do not leave any question blank. Put "N/A" if an item does not apply.

1. PERSONAL INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE	PRI. LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH
MAILING ADDRESS		CITY	STATE / PROVINCE	POSTAL CODE	COUNTRY	
HOME AREA CODE & PHONE NUMBER		WORK AREA CODE & PHONE NUMBER		CELLULAR AREA CODE & PHONE NUMBER		
PRIMARY E-MAIL ADDRESS			SECONDARY E-MAIL ADDRESS			
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	RACE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN	CITIZEN OF <input type="checkbox"/> USA <input type="checkbox"/> OTHER (PLEASE SPECIFY)	PLACE OF BIRTH		DATE OF BIRTH (MM / DD / YYYY)
EMERGENCY CONTACT NAME		CONTACT AREA CODE AND PHONE NUMBER		CONTACT RELATIONSHIP		

2. CHURCH BACKGROUND / MEMBERSHIP & MINISTRY EXPERIENCE

CHURCH BACKGROUND / DENOMINATION						
CHURCH PRESENTLY ATTENDING				PASTOR'S NAME		
CURRENT MINISTRY STATUS, IF ANY	<input type="checkbox"/> SENIOR PASTOR <input type="checkbox"/> ASSISTANT PASTOR <input type="checkbox"/> MISSIONARY	<input type="checkbox"/> EVANGELIST <input type="checkbox"/> ITINERANT TEACHER <input type="checkbox"/> CHILDREN'S MINISTER	<input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> MUSIC MINISTER <input type="checkbox"/> LAY MINISTER	<input type="checkbox"/> CHURCH / MINISTRY ADMINISTRATOR <input type="checkbox"/> CHAPLAIN <input type="checkbox"/> CHRISTIAN BROADCASTING	<input type="checkbox"/> OTHER (PLEASE SPECIFY) <input type="checkbox"/> N / A	
MINISTRY CREDENTIALS? <input type="checkbox"/> LICENSED <input type="checkbox"/> N / A <input type="checkbox"/> ORDAINED	CREDENTIALING ORGANIZATION		PAST MINISTRY INVOLVEMENTS <input type="checkbox"/> PASTORAL <input type="checkbox"/> TEACHER <input type="checkbox"/> EVANGELISM	<input type="checkbox"/> RADIO / TV <input type="checkbox"/> N / A <input type="checkbox"/> OTHER (SPECIFY):	MINISTRY START DATE (MM / YYYY)	

3. EDUCATIONAL INFORMATION (ONLY NEEDED FOR THOSE WHO PLAN TO TEACH AT THEIR CAMPUS)

HAVE YOU PREVIOUSLY ATTENDED LIFE CHRISTIAN UNIVERSITY OR LIFE CHRISTIAN BIBLE INSTITUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
HIGH SCHOOL NAME*	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	STUDY EMPHASIS	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> DIPLOMA <input type="checkbox"/> NO <input type="checkbox"/> G.E.D.		
SCHOOL NAME**	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	MAJOR	DIPLOMA / DEGREE EARNED		

*For Host Pastors who also plan to teach for credit toward earned degrees, all prior education listed above must be supported by official transcripts. NOTE: Instructors – including Host Pastors – must receive an Approved Faculty Letter before they may start teaching any course.

4. PLEASE STATE YOUR SALVATION TESTIMONY

5. PLEASE BRIEFLY STATE YOUR EDUCATIONAL & MINISTRY GOALS

Non-Discrimination Policy

Life Christian University does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students of the University.

Privacy Rights of Students

STATUTE 20, UNITED STATES CODE, §1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (i.e., the IRS, FBI, or other government agencies, and for use in LCU publications). LCU has identified the following student data as "directory information:"

- | | | |
|----------------------|-------------------------------|---|
| 1. Name | 5. Date & Place of Birth | 9. Dates of Attendance |
| 2. Address | 6. Major Field of Study | 10. Degrees & Awards Received |
| 3. Telephone Listing | 7. Church Membership | 11. Most Recent Previous Educational Institution Attended |
| 4. Race | 8. Denominational Affiliation | |

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT OF AGREEMENT BEFORE SIGNING.

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the University.
2. I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, §1232g.
3. I certify by my signature that I agree to abide by the policies of this institution as described in the *Student Handbook and Course Catalog*. (This document can be viewed and downloaded on the LCU website at www.lcus.edu.)

SIGNATURE

DATE



LIFE CHRISTIAN UNIVERSITY

BIBLE TEACHING EXPERIENCE (BTE) APPLICATION

DATE: _____ CAMPUS CODE: _____ - _____

YOU WILL NOT QUALIFY FOR BIBLE TEACHING EXPERIENCE UNLESS YOU CAN ANSWER “YES” TO EACH QUESTION BELOW.

- Question 1: **Yes** **No** Do you have the following experience teaching or preaching the Word of God:
 More than 1 year as a lead/senior pastor - teaching or preaching?
OR
 More than 2 years in full-time ministry - teaching or preaching?
OR
 More than 3 years in part-time ministry* - teaching or preaching?
- Question 2: **Yes** **No**
 Have you taught the Word of God in services or formal classes sanctioned by the church?
OR
 Have you taught the Word of God as a traveling minister or evangelist?
- Question 3: **Yes** **No**
 Has the majority of the material taught come from your own study of the Word of God?

WARNING: Conducting Sunday school classes, home Bible studies, or cell groups using pre-written curriculum does not count toward BTE credit. (Ministry of Helps does not qualify as Bible Teaching Credit.)

ATTENTION! IF YOU WERE NOT ABLE TO ANSWER “YES” TO EACH OF THE QUESTIONS ABOVE, YOU DO NOT QUALIFY FOR BTE CREDIT. STOP HERE!

IMPORTANT: Please print or type. All questions must be answered, including start and stop dates, or **application will not be processed** (use "N/A" if not applicable). The application must be signed and dated. Please keep a photocopy of the completed form for your records.

1. PERSONAL INFORMATION					
STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____
OCCUPATION		BY MY SIGNATURE, I CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE, ACCURATE, AND VERIFIABLE TO THE BEST OF MY KNOWLEDGE.			
EMAIL ADDRESS		SIGNATURE:	DATE:		

INSTRUCTIONS:

1. DO NOT SEND certificates, awards, documents, news articles, etc. These will not increase your BTE credit. Any published books or recordings submitted to substantiate credit for teaching will not be returned.
2. BTE Applications must be received within 60 days of your student application date. Later applications will not be accepted.
3. Include a \$40 Evaluation Fee with your application. For details on credits awarded and associated fees, see your Student Handbook.

*If part-time, include the attached Pastor’s or Ministry Organization Leader’s Recommendation Form with your BTE Application.

BIBLE TEACHING EXPERIENCE INFORMATION

BIBLE TEACHING EXPERIENCE

INVOLVEMENT: <input type="checkbox"/> LEAD/SENIOR PASTOR <input type="checkbox"/> MISSIONARY <input type="checkbox"/> BIBLE TEACHER <input type="checkbox"/> CHILDREN'S MINISTER (CHECK ONE) <input type="checkbox"/> ASST. PASTOR <input type="checkbox"/> EVANGELIST <input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> LAY MINISTER <input type="checkbox"/> OTHER (PLEASE SPECIFY)		
CHURCH / MINISTRY NAME		
ADDRESS	CITY	STATE / PROVINCE
	POSTAL CODE	COUNTRY
YOUR TITLE	(REQUIRED) START DATE (MM/YYYY)	(REQUIRED) STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
WERE YOU: <input type="checkbox"/> FULL-TIME PAID STAFF <input type="checkbox"/> PART-TIME PAID STAFF* <input type="checkbox"/> PART-TIME VOLUNTEER* (*IF PART-TIME, INCLUDE ATTACHED RECOMMENDATION FORM FROM YOUR PASTOR/MINISTRY ORGANIZATION LEADER.)		
HOW MANY TIMES A YEAR DID YOU TEACH?		
VERIFYING STAFF MEMBER'S NAME	VERIFYING STAFF MEMBER'S TITLE	VERIFYING STAFF MEMBER'S PHONE NUMBER (WITH AREA CODE)

BIBLE TEACHING EXPERIENCE INFORMATION

BIBLE TEACHING EXPERIENCE

INVOLVEMENT: <input type="checkbox"/> LEAD/SENIOR PASTOR <input type="checkbox"/> MISSIONARY <input type="checkbox"/> BIBLE TEACHER <input type="checkbox"/> CHILDREN'S MINISTER (CHECK ONE) <input type="checkbox"/> ASST. PASTOR <input type="checkbox"/> EVANGELIST <input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> LAY MINISTER <input type="checkbox"/> OTHER (PLEASE SPECIFY)		
CHURCH / MINISTRY NAME		
ADDRESS	CITY	STATE / PROVINCE
	POSTAL CODE	COUNTRY
YOUR TITLE	(REQUIRED) START DATE (MM/YYYY)	(REQUIRED) STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
WERE YOU: <input type="checkbox"/> FULL-TIME PAID STAFF <input type="checkbox"/> PART-TIME PAID STAFF* <input type="checkbox"/> PART-TIME VOLUNTEER* (*IF PART-TIME, INCLUDE ATTACHED RECOMMENDATION FORM FROM YOUR PASTOR/MINISTRY ORGANIZATION LEADER.)		
HOW MANY TIMES A YEAR DID YOU TEACH?		
VERIFYING STAFF MEMBER'S NAME	VERIFYING STAFF MEMBER'S TITLE	VERIFYING STAFF MEMBER'S PHONE NUMBER (WITH AREA CODE)

BIBLE TEACHING EXPERIENCE INFORMATION

BIBLE TEACHING EXPERIENCE

INVOLVEMENT: <input type="checkbox"/> LEAD/SENIOR PASTOR <input type="checkbox"/> MISSIONARY <input type="checkbox"/> BIBLE TEACHER <input type="checkbox"/> CHILDREN'S MINISTER (CHECK ONE) <input type="checkbox"/> ASST. PASTOR <input type="checkbox"/> EVANGELIST <input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> LAY MINISTER <input type="checkbox"/> OTHER (PLEASE SPECIFY)		
CHURCH / MINISTRY NAME		
ADDRESS	CITY	STATE / PROVINCE
	POSTAL CODE	COUNTRY
YOUR TITLE	(REQUIRED) START DATE (MM/YYYY)	(REQUIRED) STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
WERE YOU: <input type="checkbox"/> FULL-TIME PAID STAFF <input type="checkbox"/> PART-TIME PAID STAFF* <input type="checkbox"/> PART-TIME VOLUNTEER* (*IF PART-TIME, INCLUDE ATTACHED RECOMMENDATION FORM FROM YOUR PASTOR/MINISTRY ORGANIZATION LEADER.)		
HOW MANY TIMES A YEAR DID YOU TEACH?		
VERIFYING STAFF MEMBER'S NAME	VERIFYING STAFF MEMBER'S TITLE	VERIFYING STAFF MEMBER'S PHONE NUMBER (WITH AREA CODE)

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.



LIFE CHRISTIAN UNIVERSITY

MINISTER'S RECOMMENDATION HOST PASTOR

Campus Location (City, State) _____ Campus Code: _____ - _____

IMPORTANT: PLEASE READ BEFORE DISTRIBUTING THIS FORM. EACH APPLICANT FOR CAMPUS HOST PASTOR AND/OR FACULTY STATUS WITH LIFE CHRISTIAN UNIVERSITY MUST SUBMIT TWO (2) MINISTER'S RECOMMENDATIONS. THIS FORM MUST BE COMPLETED BY A FELLOW MINISTER AND RETURNED BY HIM/HER DIRECTLY TO LIFE CHRISTIAN UNIVERSITY.

1. APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE
I UNDERSTAND THAT THIS STATEMENT IS BEING SUBMITTED DIRECTLY TO LIFE CHRISTIAN UNIVERSITY & THAT ITS CONTENTS WILL NOT BE REVEALED TO ME. I HEREBY WAIVE MY RIGHTS TO EXAMINE THE CONFIDENTIAL INFORMATION SUBMITTED HEREIN.			SIGNATURE

2. TO THE RECOMMENDING MINISTER

The minister above is in the process of applying to become a Campus Host Pastor and/or Faculty Member of Life Christian University.

Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid evaluation, we will hold your comments in the strictest confidence. Therefore, we ask that this completed form not be given to the applicant but returned directly to the address at right.

Dr. Douglas J. Wingate
c/o Life Christian University
P.O. Box 272360
Tampa, FL 33688-2360

3. CONFIDENTIAL QUESTIONNAIRE

YOUR NAME		YOUR RELATIONSHIP TO THE APPLICANT	
CHURCH / MINISTRY NAME		YOUR MINISTRY POSITION	
ADDRESS		CITY	STATE / PROVINCE
		POSTAL CODE	COUNTRY
OFFICE AREA CODE & PHONE NUMBER	EMAIL ADDRESS		
HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ YEARS _____ MONTHS	HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP? <input type="checkbox"/> VERY CLOSE <input type="checkbox"/> DISTANT <input type="checkbox"/> CLOSE <input type="checkbox"/> OTHER (PLEASE SPECIFY):		
IN WHAT AREA(S) OF THE MINISTRY <input type="checkbox"/> SENIOR PASTOR <input type="checkbox"/> MISSIONARY <input type="checkbox"/> ITINERANT TEACHER <input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> CHAPLAIN <input type="checkbox"/> CHURCH / MINISTRY ADMINISTRATOR			
IS THE APPLICANT INVOLVED? <input type="checkbox"/> ASSISTANT PASTOR <input type="checkbox"/> EVANGELIST <input type="checkbox"/> CHILDREN'S MINISTER <input type="checkbox"/> MUSIC MINISTER <input type="checkbox"/> LAY MINISTER <input type="checkbox"/> RADIO / TV <input type="checkbox"/> OTHER (PLEASE SPECIFY)			

a. Please give your appraisal of the applicant's ability to administrate or teach at a Bible school at this time.

b. Please list the attributes which best describe the applicant's attitude towards spiritual matters.

c. What do you consider to be the applicant's strong points?

d. What do you consider to be the applicant's weak points?

e. Have you known the applicant to engage in any immoral, unethical, or otherwise questionable behavior?

f. Please share any additional information that you feel would help us evaluate the applicant's ability to administrate a campus or teach classes.

BY MY SIGNATURE AT RIGHT, I CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE OF THE APPLICANT.

SIGNATURE

DATE

CAMPUS APPLICATION PACKAGE CHECKLIST

Pastor's Name: _____

Date: _____

FOR MAIN CAMPUS USE:

STUDENT #: _____

CAMPUS CODE: _____ - _____

**Send original documents only.
Make copies of all documents for your campus files.**

CHECK ITEMS ENCLOSED:

1. Campus Application (1 page)
2. Host Pastor Application (3 pages)
3. BTE Application
4. Send in a copy of: your 501(c)(3) or your Articles of Incorporation or your Denominational Affiliation Papers
5. I PLAN TO TEACH, and have enclosed transcripts from all schools listed on my Host Pastor Application.

OR I will be sending in Faculty Applications for my instructors.

OR I plan to have a DVD Campus.
6. If paying by check, enclose your check for the Campus Application fee.