



Application for Degree Program

Attach Photo Here
(Optional)

BCS805

Valor Christian College admits students of any race, color, gender, nationality or ethnic origin to all rights, privileges, programs, and activities generally made available to students at the college. Valor Christian College does not discriminate on the basis of race, color, gender, nationality, ethnic origin, or disability in the administration of its educational policies, admissions policies or any school administered program.

Personal Information – Semester you wish to enroll in Valor Christian College:

Spring _____ year Summer _____ year Fall _____ year

Name: _____
Last First Middle

Address: _____
Street Apt.#

City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

Social Security No. _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____
mo dy yr

Gender: Male Female

Marital Status: Single Engaged Married Separated* Divorced* Widowed

***Please submit a brief written explanation.**

Maiden Name: _____ If divorced, date finalized: _____

Have you been previously enrolled at Valor? Yes No If yes, when? _____

Race/Ethnicity: (Optional)

Caucasian African American/Black Hispanic/Latino Origin
 Asian Native American/Alaskan Native Non-Hispanic/Latino Origin
 Multiracial Native Hawaiian or other Pacific Islander Other _____

Citizenship:

Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residency: _____

International Applicants:

Do you have a Green Card? Yes No If yes, please include a copy. (A# _____)

Is English your primary language? Yes No If not, what is your primary language? _____

Personal Reference

Please give contact information of a close, Christian friend (other than a family member) who has known you and your lifestyle for a minimum of one year. We may contact this person.

Name: _____

Email Address: _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Enrollment Information

Adult Degree Completion On Campus Online

Currently, I plan to enroll in the following Program (check only one, please):

Pastoral and Church Leadership Youth Ministry Music Ministries Evangelism
 Interdisciplinary Studies Media Ministry Missions Undecided

Do you plan to enter full-time ministry? Yes No

Family

Date Married: _____ Spouse's Full Name: _____

Will your family relocate to Columbus, Ohio with you? Yes No If no, why? _____

Children/Dependents:

Name	Age	Gender	Living With You?
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you like information about Harvest Preparatory School (Pre-K thru 12th grade)? Yes No

Education/Academic Information

High School Attending/Attended: _____

City/State: _____ Year of graduation: _____

Please list ALL colleges and universities attended.

Name of College	Date Entered	Date Withdrew	Course of Study/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: ALL applicants must have an official copy of ALL of their transcripts sent to the Admissions Office at Valor.

Have you been dismissed from or placed on probation at any of the schools listed above?

Yes No If yes, please explain: _____

*If more space is needed for answers, please provide additional information on an attached sheet.

Finances/Housing

All singles with no dependants are required to live in the residence halls at Valor.
If you are not required to live on campus, please comment on your housing plans.

How do you plan to pay for your education at Valor? (Optional)

- Savings
- Parents/Relative
- Church
- Loans
- Personal Employment
- Veteran's Benefits*
- Other _____

*If you are eligible for Veteran's Educational Benefits, please indicate Chapter you are under: _____

Please comment on your plans to fulfill your financial commitment to Valor for the next two years. (Please note: Valor does not qualify for federal financial aid or loan programs at this time. Valor does not offer any type of scholarships or sponsorships; however, money from outside sources is accepted.) _____

Christian Service

Please check services/activities in which you are currently involved in your church:

- Church Volunteer
- Music Program
- Mission Trips
- Prayer Group
- Church Leadership
- Sunday School Teacher
- Youth Group
- Community Service
- Drama/Performances
- Student Council
- Other _____

Are you an ordained or licensed minister? Yes No If yes, credentials issued by: _____

Spiritual Health

When were you born again? ____ / ____ / ____
mo dy yr

Have you received the baptism of the Holy Spirit (Acts 2:4)? Yes No If yes, when? ____ / ____ / ____
mo dy yr

Have you lived a consistent Christian life since conversion? Yes No If no, please explain: _____

Church currently attending: _____ Senior Pastor's Name: _____

Church Denomination: _____ Church Address: _____
Street

City _____ State _____ Zip _____ Country _____

Telephone (____) _____ Are you a member? Yes No If yes, how long? _____

Referral

How did you hear about Valor Christian College?

- TV
- Yellow Pages
- Radio
- Person Who? _____
- Printed Ad
- Special Event
- Web site
- Referral Code _____

Please indicate if you have been involved in any of the following activities in the **past two years (only)** (from mo/yr to mo/yr).
If none, write "NA":

<input type="checkbox"/> Smoking/Tobacco use	from ___/___ to ___/___	<input type="checkbox"/> Drinking Alcohol	from ___/___ to ___/___
<input type="checkbox"/> Pornography	from ___/___ to ___/___	<input type="checkbox"/> Illegal Drug Use	from ___/___ to ___/___
<input type="checkbox"/> Homosexuality/Lesbianism	from ___/___ to ___/___	<input type="checkbox"/> Fornication/Adultery	from ___/___ to ___/___
<input type="checkbox"/> Child Abuse	from ___/___ to ___/___	<input type="checkbox"/> Other Immoral Acts	from ___/___ to ___/___
<input type="checkbox"/> Cult/Occult Involvement	from ___/___ to ___/___	Comments: _____	

Have you ever been arrested? Yes No If yes, please explain: _____

Date of arrest: ___/___/___ Were you convicted? Yes No

Have you ever sought psychiatric/professional counsel for a mental or emotional condition*? Yes No
If yes, list dates and explain: _____

Please list any health issues, which require special attention or might limit your participation in any aspect of college life*: _____

List any prescribed medication you are taking*: _____

Name of health insurance carrier: _____

***You must provide a response to these questions.**

Emergency Contact

Please give information of a close relative (not a spouse) or a friend to contact in case of an emergency:

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Home Telephone (_____) _____ Cell Phone (_____) _____

Application Agreement

I understand that all items obtained by Valor Christian College in the application process become the permanent property of Valor and will not be returned. I understand the information contained on the personal, pastoral and spousal recommendations is confidential. I waive my right to review this confidential material. I hereby state all the information I have provided in this application is true and correct. I understand that Valor reserves the right to revoke admission on the basis of misrepresentations or omissions in the application. Submission of this application in no way guarantees or implies acceptance and/or enrollment as a student to Valor. If Valor is notified at any time that any information is false or misleading, it will be grounds for my immediate dismissal from Valor.

I agree that the Admissions Committee at Valor is under no obligation to disclose the basis for my acceptance or denial.

I hereby grant authorization to Valor and any related physician to render and/or give emergency medical aid, care or treatment they deem necessary.

Signature: _____ Date: _____

Valor Christian College
Office of Admissions
P.O. Box 800
Columbus, OH 43216-0800
(614) 837-4088 • (888) 78Valor • Fax (614) 837-6904



Application Checklist

Before you mail your completed application, take a few moments to check and make sure that the following items have been included or requested to be sent to Valor Christian College.

Application for Admission

All questions on the application must be answered. If a question does not apply to you, write “NA” (Not Applicable) in the blank. Please print or type your responses. Application **MUST** be signed and dated.

Social Security Number

Valor is required to obtain social security numbers on all prospective students (except international applicants).

\$50 Application Fee (\$75 for International Applicants)

The application process begins with your completed application **AND** the accompanying non-refundable application fee. Make your money order or cashier’s check payable to Valor Christian College. **DO NOT** send cash or check. Visa, MasterCard, or Discover are also accepted.

Current Photograph (Optional)

A recent passport sized photograph can be attached to the application.

Autobiographical Sketch

Your personal testimony should be typed on a separate page consisting of approximately 300-500 words. Use one-inch margins size 12-point font and double spacing. Grammar, cohesion, and paragraph development will be examined carefully by the Admissions Committee. In the testimony you will need to indicate your Christian experience, commitment to God, description of your life, why you want to attend Valor and anything you consider important that must come to the attention of the committee.

Pastoral Recommendation

The form must be completed by the current pastor of your home church and mailed directly to Valor. An elder or youth pastor can complete the form if you attend a church with a large congregation. If the pastor is an immediate family member, an associate pastor or elder should complete the form. Valor Admissions Committee looks for a minimum of a one-year history of service in a local church. Make sure to fill out the top portion of the form, including signature.

Official* High School Transcript or a GED

All applicants must have completed high school or GED equivalency. Applicants who have not completed high school or a GED are not eligible for enrollment. Please have an official* copy of your high school transcript or GED certificate and scores sent directly to the Valor Admissions Office. Home-schooled students must submit a transcript that includes grades received, courses completed, and date of graduation (or date of intended graduation).

❑ **Official College Transcript(s)**

An **official*** transcript from each institution attended must be sent directly to the Admissions Office. Your application will not be processed without official college transcript(s).

Official transcripts are those issued by the institution and sent **directly to Valor.*

❑ **Medical Form**

All accepted applicants are required to submit a Medical Form. The form must be mailed upon the notification of acceptance. It must be completed by a family doctor or physician, and it **must** include an updated immunization record. You will not be able to register or enroll at Valor without submitting a Medical Form.

❑ **International Applicants**

International Applicants will need to contact the International Admissions Office for additional information.

The Admissions Office will submit your file to the Admissions Committee for review when **ALL** requirements are met and your file is complete. The Admissions Committee will render a decision based on the guidelines and policies set forth by the Administration, as well as their experience in ministry and spiritual discernment. All applicants will receive written notification by mail as to their acceptance or denial.

What to expect upon acceptance

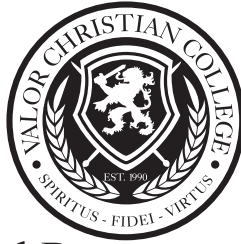
Upon acceptance to Valor you will receive a welcome packet shortly after you receive your acceptance letter. This packet will cover the following information:

- Relocation/Housing Information
- Finance Requirements
- Registration Information
- Dress Code

Should you have any additional questions as you are completing the application, please feel free to contact our Admissions Office at 888-78Valor (8-2567) or (614) 837-4088. Our fax number is (614) 837-6904. You can also reach us via email at info@valorcollege.com

All forms must be mailed to:

**Valor Christian College
Admissions Office
P.O. Box 800
Columbus, OH 43216-0800**



Pastoral Recommendation

Pastor: Send this completed form directly to Valor.
Do not return it to the applicant.

TO THE APPLICANT:

This recommendation form should be completed by your Pastor and mailed directly by him/her to the Valor Admissions Office. If an immediate family member is the pastor of your home church, then an elder, deacon or other church officer must act as the pastoral reference for you. Please sign the following waiver prior to giving this form to your Pastor or church leader.

I hereby waive my right to review this confidential recommendation, which becomes a permanent part of my admissions file.

Please Print Your Name: _____ Signature: _____

Address: _____ Phone: (____) _____

TO THE PASTOR:

The above-named applicant is applying for admission to Valor Christian College. Serious consideration will be given to your comments, therefore, your cooperation in completing this form as candidly and prayerfully as possible will be greatly appreciated. Please be sure to answer every question. Please write N/A where necessary. All information provided on this form will be held in the strictest confidence.

Name: _____	Position: _____
Address: _____	Office Phone: (____) _____
City/State/Zip: _____	Home Phone: (____) _____
Church Name: _____	Average Church Attendance: _____
Address: _____	Church Denominational Affiliation: _____
City/State/Zip: _____	Are you related to the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail: _____	If yes, how are you related? _____

How long have you known the applicant? _____

How well do you know him/her? (check one)

- Very close pastoral relationship
- Fairly well with numerous personal contacts
- Casually with few personal contacts
- Only by name and sight

Has the applicant demonstrated a personal commitment to Jesus Christ?

- Yes No I am unsure

To what extent does applicant engage in church activities?

- Attends regularly, enthusiastically and deeply involved
- Attends regularly, cooperative and willing to help
- Attends regularly, seldom participates in activities
- Attends regularly, with minimal participation
- Attends regularly, no participation
- Unknown

In what form of Christian service has the applicant been a participant?

What type of spiritual influence is applicant on peers?

- Strengthening Negative
- Neutral I do not know

Does the applicant smoke? Yes No Unsure

Does the applicant drink? Yes No Unsure

Has the applicant lived a consistent moral life?

- Yes No Unsure If no or unsure, please comment

Are there family conditions which might hinder the applicant's college work or effectiveness in full time ministry?

Is there anything about the applicant's life, past or present, which should be called to our attention?

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS: *(If you are unsure, leave that line blank.)*

Overall spiritual condition	<input type="checkbox"/> Deeply spiritual	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Carnal
Knowledge of the Scriptures	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Well versed	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
Passion for souls	<input type="checkbox"/> Burdened	<input type="checkbox"/> Average	<input type="checkbox"/> Casual	<input type="checkbox"/> Indifferent
Spiritual growth	<input type="checkbox"/> Remarkable	<input type="checkbox"/> Progressive	<input type="checkbox"/> Slow	<input type="checkbox"/> Stagnant
Response to authority	<input type="checkbox"/> Very open	<input type="checkbox"/> Respectful	<input type="checkbox"/> Resistant	<input type="checkbox"/> Disrespectful
Seriousness of purpose	<input type="checkbox"/> Extremely focused	<input type="checkbox"/> Purposeful	<input type="checkbox"/> Limited	<input type="checkbox"/> Vacillating
Initiative	<input type="checkbox"/> Strongly motivated	<input type="checkbox"/> Motivated	<input type="checkbox"/> Requires direction	<input type="checkbox"/> Passive
Academics	<input type="checkbox"/> Highly intelligent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Reliability	<input type="checkbox"/> Conscientious	<input type="checkbox"/> Dependable	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Unreliable
Emotional stability	<input type="checkbox"/> Exceptionally mature	<input type="checkbox"/> Very stable	<input type="checkbox"/> Sometimes unstable	<input type="checkbox"/> Unstable
Adaptability	<input type="checkbox"/> Adjusts well	<input type="checkbox"/> Average	<input type="checkbox"/> Ill at ease	<input type="checkbox"/> Unable to cope
Work Ethic	<input type="checkbox"/> Seeks added work	<input type="checkbox"/> Does assignment	<input type="checkbox"/> Needs motivation	<input type="checkbox"/> Poor habits
Reaction to difficulties	<input type="checkbox"/> Victorious	<input type="checkbox"/> Accepting	<input type="checkbox"/> Struggles	<input type="checkbox"/> Bitter
Overall attitude	<input type="checkbox"/> Very respectful	<input type="checkbox"/> Above average	<input type="checkbox"/> Passive	<input type="checkbox"/> Critical
Organizational ability	<input type="checkbox"/> Very gifted	<input type="checkbox"/> Effective	<input type="checkbox"/> Average	<input type="checkbox"/> Not effective
Leadership	<input type="checkbox"/> Excellent leader	<input type="checkbox"/> Gifted	<input type="checkbox"/> Limited	<input type="checkbox"/> Not a leader
Personal appearance	<input type="checkbox"/> Very sharp	<input type="checkbox"/> Good	<input type="checkbox"/> Neat and clean	<input type="checkbox"/> Untidy
Financial accountability	<input type="checkbox"/> Beyond reproach	<input type="checkbox"/> Honest	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Not faithful
Morality	<input type="checkbox"/> Unquestionable	<input type="checkbox"/> Above average	<input type="checkbox"/> Appears good	<input type="checkbox"/> Questionable
Health	<input type="checkbox"/> Robust	<input type="checkbox"/> Good condition	<input type="checkbox"/> Some problems	<input type="checkbox"/> Poor health
Perseverance	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Sometimes waivers	<input type="checkbox"/> Weak

OVERALL EVALUATION OF THE APPLICANT:

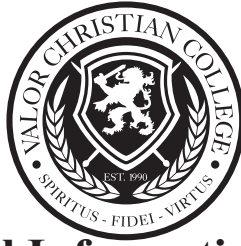
Excellent Above average Average Questionable

I RECOMMEND THIS APPLICANT TO Valor:

Without reservation With reservation I am unable to recommend at this time.

Comments:

Signature: _____ Date: _____



Medical Information Form

Please fill out the top two sections and present this form to a medical doctor.

A **COMPLETE** examination is required.

PLEASE TYPE OR PRINT

General Information

CLASSIFICATION (check one)

- New Freshman
- Transfer (Also request transcripts from other colleges and universities attended)
- Re-Activation
Dates of Last Attendance ____

ENROLLMENT DATE (check one)

- Fall 20 _____
- Spring 20 _____
- Summer 20 _____
- Other

ATTENDANCE (check one)

- Full-time (12+ hrs.)
- Part-time (up to 11.5 hrs.)

HOUSING (check one)

- Residence Hall
- Commuter

Special Student (*non-degree*)

Health History

PERSONAL INFORMATION

Name: _____ Social Security No. _____ - _____ - _____
Last First M.I. Maiden

Address: _____ Gender: _____
Street Apt.

City State Zip Marital Status: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Date of Birth: _____

Name of Parent or Guardian: _____

Address of Parent or Guardian: _____
Street Apt.

City State Zip Phone: (____) _____

FAMILY MEDICAL HISTORY: Have any of your relatives had any of the following diseases/disorders? If yes, please explain relationship to you.

	Yes	No	Relationship		Yes	No	Relationship
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____				

PERSONAL HISTORY: Have you ever experienced any of the following? If yes, give approximate age.

	Yes	No	Age		Yes	No	Age
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Emotional Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____	Use of Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Use of Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____	Use of Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Impaired Sight	<input type="checkbox"/>	<input type="checkbox"/>	_____	Regular Use of Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Regular Use of Diet Pills	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____	Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other illness(es) or sever injuries: _____			
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Draining Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____				

List any surgeries you have undergone in the past five (5) years:

General Physical Information

(The following sections must be completed by your physician.)

PHYSICIAN: Please provide the following information about the applicant.

Measurements: Height _____ Weight _____
Blood Pressure: _____ / _____ Vital Signs: Pulse Rate _____
Temperature _____

CLINICAL EVALUATION: (Describe every abnormality in the space provided below.)

Head, Face, Neck	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Abdomen	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Thyroid	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Extremities	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Scalp	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Skin	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Eyes	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Neurological	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Ears	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Muscular System	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Nose and Sinuses	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Endocrine	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Mouth, Teeth, Throat	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Genitalia	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Chest and Lungs	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Breast Exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Explanations: _____

TEST RESULTS: (Must be complete and up-to-date.)

Results of PPD Skin Test (Day & Year) _____
Hct. _____
Urinalysis _____

Chest X-ray required for positive PPD.

Results: _____

IMMUNIZATIONS: (Each applicant must have the following immunizations up-to-date.)

Initial MMR Date (Month & Year) _____
MMR Booster Date (Month & Year) _____
Tetanus _____
Polio myelitis Sabin _____
Hepatitis B _____

*A Measles Titre is required if you have had measles.

Results: _____

MISCELLANEOUS MEDICAL INFORMATION

1. Are you personally acquainted with the applicant's medical history? Yes No

2. List any known allergies, including drug sensitivities: _____

3. Is the applicant now receiving medication that you advise continuing? Yes No

If yes, please indicate which medications: _____

4. Is there any reason that the applicant should be limited in a regular education program? _____

Has the applicant ever been restricted in a physical program before? _____ If yes, please explain. _____

5. Are there any additional problems that should be called to our attention? _____

6. Do you consider the applicant physically and emotionally capable of participating in intensive academic work plus part-time employment, should that be necessary? Yes No

Name of Physician: _____ Signature: _____

Address: _____

Street

City

State

Zip

Phone: (_____) _____ Date of Examination: _____

Please send this form directly to:

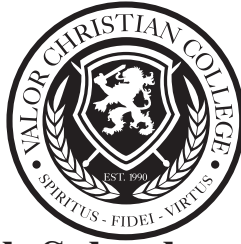
Valor Christian College

Office of Admissions

P.O. Box 800

Columbus, OH 43216-0800

(614) 837-4088 • (888) 78Valor • Fax (614) 837-6904



Request for High School or GED Transcript

Please fill out the top section and present to an official in your high school.
PLEASE TYPE OR PRINT

APPLICANT

CLASSIFICATION *(check one)*

- New Freshman
- Transfer (Also request transcripts from other colleges and universities attended)
- Re-Activation

Dates of Last Attendance _____

- Special Student *(non-diploma)*

ENROLLMENT DATE *(check one)*

- Fall 20 _____
- Spring 20 _____
- Summer 20 _____
- Other _____

ATTENDANCE *(check one)*

- Full-time (12+ hrs.)
- Part-time (up to 11.5 hrs.)

HOUSING *(check one)*

- Residence Hall
- Commuter

Name: _____
Last First M.I. Maiden

Address: _____
Street Apt.

City State Zip

Daytime Phone: (____) _____ Evening Phone: (____) _____ Date of Birth _____

Dates Attended: _____ Social Security Number: _____ - _____ - _____

I hereby give permission for my transcript and other information requested to be sent to Valor Christian College.

Signature: _____ Date: _____

SCHOOL OFFICIAL

Please include the following information and send this form along with the applicant's official transcript.

A.C.T.: _____ S.A.T.: _____

High School G.P.A. / GED Score: _____

High School Class Rank: _____

Date of Graduation: _____

Counselor / School Official: _____ Title: _____

Signature: _____ Date: _____ Phone: (____) _____

Send this form along with the applicant's official transcript to:

Valor Christian College
Office of Admissions
P.O. Box 800
Columbus, OH 43216-0800
(614) 837-4088 • (888) 78Valor • Fax (614) 837-6904