



Office of Admissions
 87295 Main St. Thermal, California
 Mailing: 54684 Harrison St. Thermal, CA 92274
 Phone: 760.398.4422 Fax 760.398.4941

AUDIT (NON-CREDIT) STUDENT APPLICATION FOR ADMISSION

Social Security Number _____ - _____ - _____ ()Mr. ()Mrs. ()Miss ()Rev. ()Dr.

Name _____

Mailing Address _____

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

Fax Number (____) _____ E-Mail _____

I plan to attend: Fall Winter Spring Summer Year _____

PERSONAL DATA

Country of Citizenship _____ If non-USA, type of Visa _____

Type of Resident () US () Immigrant Visa (Permanent Resident)

National Origin () Asian Pacific () African American () Hispanic () Caucasian () Other

Birth Date _____ Age _____ Gender Male Female

Marital Status Never Married Widowed Divorced Married

EDUCATIONAL BACKGROUND

HIGH SCHOOL	CITY/STATE	DATE OF GRADUATION		
COLLEGE OR UNIVERSITY	CITY/STATE	DATES ATTENDED	MAJOR	DEGREE EARNED
COLLEGE OR UNIVERSITY	CITY/STATE	DATES ATTENDED	MAJOR	DEGREE EARNED

CHURCH AFFILIATION

Denomination/Church Affiliation/Local Church _____ Are you a member? ()Yes ()No

Pastor's Name _____ Do you attend regularly? () Yes () No

WORK EXPERIENCE

Current Employer _____ Telephone _____

Name of Supervisor _____ Length of Current Employment _____ Job Title _____

I am in agreement with the Statement of Faith of Christos Institute as stated in the Student Catalog.

I understand that Non-Credit work will not count toward a diploma or certificate and will not be recorded on a transcript.

Signature: _____ Date: _____