



**New Life University
Enrollment Application**

**1102 Dow Street
Murfreesboro, TN 37130**

Please type or print. Mail your entire packet to the address above. Submit completed application with \$100 application fee at least 15 days before the start of the semester in which you plan to enroll.

Name: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Daytime Phone: _____ Evening Phone: _____
Email Address: _____

Social Security Number: _____ Date of Birth: _____
Gender: M____ F____

(New Life University does not make enrollment decisions based on age, race, sex, or national origin.)

Highest Earned Degree: _____
Place and Date of High School Diploma: _____
Place and Date of College Credits Earned: _____
Place and Date of Graduate Credits Earned: _____
Place and Date of Post-Graduate Work: _____

Do you profess a relationship with Jesus Christ? _____

Are you a credential minister? _____

With what church or denomination? _____

Current Occupation:

How long have you been at your current job? _____

Marital Status? Married____ Single____ Divorced____ Widowed____

Spouse's name? _____
Children's Names: _____

Have you had any previous training in Christian counseling? Please explain _____

Have you had any training in personality or temperament testing? _____

Please Answer Briefly:
Why do you want to be a counselor?

How do you feel this program will benefit you?

What are your goals for counseling ministry?

What is your current involvement in ministry or in your church?

Have you ever been convicted of a felony? Please explain:

Do you have any physical or emotional issues that should be considered?

How did you become aware of NLU?

Signed _____
Date: _____