



LOGOS GRADUATE SCHOOLS APPLICATION FOR ADMISSION

6620 Southpoint Dr. South, Suite 302
Jacksonville, FL 32216

Office: 800-776-0127 ext. 6

Fax: 904-527-3581

Web: logos.edu

Email: LCC.Registrar@logos.edu

Attach photo here

Today's Date: _____

Current Degree Desired (*check one*):

_____ **MASTERS**

Desired Major (*check one*)

_____ Applied Theology (MApTh)

_____ Biblical Studies (MBS)

_____ Christian Counseling (MCC)

_____ Christian Education (MCE)

_____ Leadership and Management (MLM)

_____ Theological Studies (MTS)

_____ Theology (ThM) *requires Biblical languages*

_____ Divinity (M.Div.)

_____ **DOCTORATE**

_____ **Doctor of Ministry** (D. Min.)

D. Min. *Concentration* (*check one*)

_____ Applied Theology

_____ Biblical Studies

_____ Christian Counseling

_____ Christian Education

_____ Leadership and Management

_____ Theological Studies

_____ **Doctor of Christian Counseling** (DCC)

_____ **Doctor of Christian Education** (DCE)

_____ **Doctor of Leadership and Management** (DLM)

_____ **Doctor of Theology** (ThD) *requires Biblical languages*

_____ **Doctor of Religious Philosophy** (PhRD)

PERSONAL INFORMATION

Title (*circle one*): Mr. Mrs. Miss Ms. Pastor Rev. Other: _____ **Gender:** M _____ F _____

Full Legal Name: _____

First

Middle / Maiden Name (*Circle appropriate ONE*)

Last

Street: _____

Apt/Unit #: _____ **City** _____ **State** _____ **Zip** _____

Contact Phone: (_____) _____ **Email:** _____

Social Security #: _____ - _____ - _____

Birth Date: ____/____/____ **U.S. Citizen:** Yes _____ No _____

Primary Language: _____ **Marital Status:** Married _____ Single _____ Divorced _____

U.S. Military Veteran? Yes _____ No _____ If yes, date discharged _____

Ordained/Licensed? _____ **Previous LOGOS graduate?** _____ **Year graduated** _____

ADMISSION REQUIREMENTS

Students must be committed to the absolute Lordship of Christ, through an ongoing relationship with Him, and by a desire to reach greater maturity in Him, in full obedience to His will.

1. A copy of a Bachelor Degree, etc. or equivalent, for all levels of Graduate Programs. **DO NOT** send originals.
2. Original and sealed Official Transcripts from all previous learning institutions sent directly to **LOGOS**.
3. Students are to be actively involved in a local church.
4. Admission to **LOGOS** is subject to approval by the Admissions Committee, whose decision is final

ITEMS REQUIRED FOR COMPLETING THE APPLICATION PROCESS:

1. A completed Application
2. \$60.00 non-refundable fee made payable to **LOGOS Christian College and Graduate Schools** (\$40.00 Application fee and \$20.00 Evaluation fee).
3. Transcripts from previous institutions of Higher learning.
4. A **current** photograph of applicant (**alone** and preferably **2X2**)

LOGOS is an Equal Opportunity Institution of higher learning. Information provided is confidential in accordance with the Family Education Rights & Privacy Act of 1974 (Public Law 93-380). Written authorization by student is required to release information.

Upon receipt of the above items, **LOGOS** will ascertain proficiency to determine placement in the highest program, and provide the students with an evaluation letter outlining their course of study for the major they have chosen. Because we are a Christian college, all Applicants must have in their educational portfolio a minimum of 30 credit hours of Bible/Theology on the undergraduate or graduate level in addition to the requirements for their program. Students who do not have the prerequisite hours may be eligible for **Advanced Standing** through *Life and Ministry Experience* credit and by taking our *Basic Bible Knowledge Exam* for up to a maximum of 30 semester hours of credit. There are forms available on the website (www.logos.edu) for this purpose. When applying for admission, those students who desire **Advanced Standing** should request this option in the cover letter. All information submitted for *Life and Ministry Experience* credit must be verifiable. Any shortage of hours for the prerequisite will be added to the length of the graduate program.

For more information please feel free to contact us at the above mentioned address or telephone numbers, Monday through Friday 9:00 a.m. to 4:30 p.m.

Office Use Only

Date: _____

___ **App. Fee:** \$40.00

___ **Evaluation Fee:** \$20.00

___ **Basic Bible Knowledge Exam:** \$50.00

MOP: Cash MO CK #: _____ CC ___ Visa ___ MasterCard ___ Discover ___ Other

Card #: _____ **V-code (3 or 4 digit number):** _____

Exp. Date: _____ **Name on Card:** _____

Total Enclosed: _____

Approval #: _____