

2" X 2" Photo



THE INSTITUTE FOR
PALEO-ORTHODOX
CHRISTIAN STUDIES
quod ubique, quod semper, quod ab omnibus
ADMISSION APPLICATION

For Office Use Only
App. Fee:

MOP:
Cash. CK #:
Card #:
Expiration Date:

CK MO CC

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

E-Mail Address: _____ Confirm E-Mail Address: _____

List any other name(s) which may appear on transcripts or test score reports which may differ from the Name listed above.

Last, First, Middle: _____

Last, First, Middle: _____ Gender: Male Female

Current Age: _____ Date of Birth: _____ (MM/DD/YYYY)

U.S. Social Security No.: _____

(Required of all U.S. Citizens and permanent residents applying for entrance to The Institute for Paleo-Orthodox Christian Studies)

Permanent Address:

Street Address 1: _____

Street Address 2: _____ City: _____

State or Province: _____ Zip or Postal Code: _____

Country: _____ U.S. Tel No.: _____

U.S. Fax No.: _____ International Tel.: _____

International Fax.: _____

Residency:

Current Address:

Street Address 1: _____

Street Address 2: _____ City: _____

State or Province: _____ Zip or Postal Code: _____

Country: _____

US Citizen? _____ Yes _____ No. If No, specify country of citizenship: _____

If No, are you a Permanent U.S. resident? _____ Yes _____ No

If you are NOT a U.S. citizen or a Permanent Resident, please complete the following two questions.

1. What U.S. Visa, if any, are you currently holding? _____ . None _____
(check mark if none)
2. If You Are an International Student, Please Give Us Your City and Country of Birth:

Enrollment: When do you plan to begin your enrollment?
(Check all that apply)

Fall Semester Spring Semester Summer Session

Year: _____ (enter 4-digit year - e.g. 2018)

Education History:

Name of Institution: _____ Years of Attended _____

Expected Graduation Date _____ Degree _____

Undergraduate or Graduate: _____ (Ug or G)

Name of Institution: _____

Undergraduate or Graduate: _____ (Ug or G). Major Field of Study Degree: _____

Name of Institution: _____ Years of Attended _____

Expected Graduation Date _____ Degree _____ Undergraduate or Graduate: _____ (Ug or G)

Grade Point Averages

Please furnish to the best of your ability your undergraduate and graduate grade point averages (GPA's) using the following scale: A=4.00, A-=3.67, B+=3.33, B=3.00, B-=2.67, C+=2.33 ... F=0.0.

Undergraduate Career GPA for all courses taken. _____

GPA for all courses taken in major field. _____

GPA for all courses taken in the last two years. _____

Graduate Career, if applicable GPA for all courses taken. _____

References:

Name three or more persons acquainted with your academic and/or professional experience. Please include three Recommendation Letters. Please have each Reference listed mail Recommendation Letters Directly to the Admission Office: **141 Hamilton Ave Passaic NJ 07055**

1. Name: _____ Position: _____

Address: _____ Telephone No.: _____

2. Name: _____ Position: _____

Address: _____ Telephone No.: _____

3. Name: _____ Position: _____

Address: _____ Telephone No.: _____

4. Name: _____ Position: _____

Address: _____ Telephone No.: _____

Experience: List any significant professional or career related experiences:

1. Employer: _____ Address: _____

Telephone No.: _____ Job Title: _____

2. Employer: _____ Address: _____

Telephone No.: _____ Job Title: _____

3. Employer: _____ Address: _____

Telephone No.: _____ Job Title: _____

List significant academic honors or awards and honor society memberships:

On a Separate Sheet of paper. (500-word minimum)

Describe any teaching or tutoring experience:

On a Separate Sheet of paper. (500-word minimum)

Experience Continued:

On a Separate Sheet of paper. (500-word minimum)

If you wish to, please enter your Personal Statement below;

Your Personal Statement should be a brief but carefully written essay regarding:

1. Your reasons you want to seek higher education in your chosen field of study,
2. Your specific interests and experiences in this field
3. Any special skill or experiences that may relate to an assistantship, and
4. Your career plans.

Years Employed: Begin: _____ (MM/YYYY) End: _____ (MM/YYYY)

Ethnic Information:

Please check all that apply.

- American Indian or Alaskan Native
Person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- African American, not of Hispanic Origin
Person having origins in any of the Black racial groups in Africa.
- Hispanic
Person of Mexican, Puerto Rican, Cuban, Central or South American culture or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander
Person having origins in the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, India, Pakistan, Bangladesh, Sri Lanka, Sikkim, and Bhutan.
- White, not of Hispanic Origin
Person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- African

The Institute for Paleo-Orthodox Christian Studies

Application Payment

To expedite the processing of your application you can pay your application fee by credit card. Your credit card will be charged the appropriate application fee of \$50.00. (This fee is non-refundable)

I wish to pay for my application fee by check or money order which must be drawn on a U.S. bank or Traveler's Checks payable in U.S. dollars (be sure that they are signed in both places) and made payable to The Institute of Paleo-Orthodox Christian Studies. I understand that my application will not be processed or considered by the Institute until payment is received by the Admissions Office. Your check/money order must be securely attached to a copy of the Application Transmittal Acknowledgment sent to you by our office which you must print out after you have submitted your application and mail back to our office.

I wish to pay for my application fee by credit card.

I authorize The Institute of Paleo-Orthodox Christian Studies to charge my credit card the following amounts for application to the University.

I understand that this charge is non-refundable.

Application Fee \$50.00

Visa Card _____

MasterCard _____

Discover Card _____

American Express Card _____

Expiration Date: _____

CVC No.: _____

By Signing my name below, I hereby certify that the above information is complete and correct. I have read and complied with all pertinent instructions.

Print Name

Date: _____

Signature

Remember that this application will not be processed until the application fees are received by the Admissions Office.

Remit to: Admissions Office **141 Hamilton Ave Passaic NJ 07055**- admissionoffice@paleoorthodox.org