# Lamad University

# Application for Admission

“Study to show thyself approved…” – 2 Timothy 2:15
Website: www.lamaduniversity.com | Email: admissions@lamaduniversity.com

## SECTION 1 – PERSONAL INFORMATION

Full Name: _____
Date of Birth: _____ Gender: ■ Male ■ Female ■ Other
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

## SECTION 2 – PROGRAM SELECTION

**Degree Programs**
■ Associate of Divinity (A.Div)
■ Bachelor of Divinity (B.Div)
■ Master of Divinity (M.Div)
■ Doctor of Divinity (D.Div)

**Ministerial Programs**
■ Minister’s Licensure
■ Minister’s Licensure with A.Div Track
■ Minister’s Licensure with Watchful Oversight Program

**Certification Programs**
■ Certificate in Life Coaching
■ Certification in Spiritual Life Coaching
■ Certification in Business Coaching (Barber/Cosmetologist Niche)

**Other Learning Options**
■ Continuing Education / Non-Credit Course
■ Other: _____

Preferred Learning Option:
■ Online ■ In-Person (Satellite Campus) ■ Hybrid

## SECTION 3 – EDUCATIONAL BACKGROUND

High School / GED Completed: ■ Yes ■ No
College(s) Attended: _____
Degrees or Certifications Earned: _____
Please upload or email transcripts to admissions@lamaduniversity.com

## SECTION 4 – CHURCH / MINISTRY AFFILIATION (Optional)

Church / Ministry Name: _____
Pastor / Overseer Name: _____

Role / Position: _____ Years in Ministry: _____

## SECTION 5 – PERSONAL STATEMENT

In 250–500 words, describe why you desire to attend Lamad University and how you plan to use your education to advance the Kingdom of God. (Attach a separate sheet if needed.)

## SECTION 6 – REGISTRATION FEE ($20 Non-Refundable)

To process your application, please submit your $20 non-refundable registration fee using one of the following options:

■ **Text-to-Pay:** Text **LAMAD** to **234-324-3332**
■ **Scan the QR Code** (below or on flyer)
■ **CashApp:** @$Felicia4889
■ **PayPal:** Lamadspiritualstudies@gmail.com

Please include your full name in the payment notes to ensure proper credit.

## SECTION 7 – DECLARATION AND SIGNATURE

I affirm that all information provided is true and complete to the best of my knowledge. I understand that falsifying information may result in dismissal or denial of admission.

Applicant Signature: _____ Date: _____

## FOR OFFICE USE ONLY

Application Received: _____
Payment Received: ■ Yes ■ No Amount: $_____
Processed By: _____
Student ID Assigned: _____
Date Accepted: _____