

# CLU New Student Enrollment Form

Print this form out, fill out entirely, scan and email to: [Brenda@CLUonline.com](mailto:Brenda@CLUonline.com)  
Pay \$25 matriculation fee and courses through [Americanheritagetoday.com/payment-page/](http://Americanheritagetoday.com/payment-page/)

## Personal Information

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ H \_\_\_\_\_ C \_\_\_\_\_

## Educational Information

High School Name/Location \_\_\_\_\_ Year of Graduation \_\_\_\_\_

List all other educational institutions attended beyond high school, if applicable (e.g., college, university, nursing or business school):

Institution Name/Location	Dates Attended	Major	Credits, Diploma or Degree Earned	Year of Graduation
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## Employment History

List recent job titles, dates of employment, and employer names \_\_\_\_\_

## Academic Program Options

**Immediate Degree goal:** This must be the degree immediately subsequent to the highest degree you have already obtained.

Lifelong Learner  Associate's Degree  Bachelor's Degree  Master's Degree  Doctoral Degree

**Major goal:**  Christian Entrepreneurship  Christian Leadership  Christian Education

## General Information

A \$25 matriculation fee must accompany this application. Complete both pages of this form and mail it, along with your matriculation fee, to CLU 5818 NW Conus Court, Port Saint Lucie, FL 34986, USA or use the payment page and email this as a scanned attachment.

Please contact all educational institutions you have previously attended and have them send transcripts to us from courses whose credits you wish to transfer to: CLU 5818 NW Conus Court, Port Saint Lucie, FL 34986, USA

I certify that the information supplied on this application is complete and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*THE STUDENT MAY CANCEL HIS CONTRACT WITHIN FIVE DAYS FOR A FULL REFUND.*

# A c k n o w l e d g e m e n t

I, \_\_\_\_\_, understand that a degree from Christian Leadership University does not guarantee a job or ordination in any specific market or ministry. Although the Worldwide Accreditation Commission of Christian Educational Institutions accredits this degree, CLU is not listed with the U.S. Department of Education, and a CLU degree is specifically not suited for people pursuing jobs as public school teachers, state university professors, state licensed psychologists, amongst other vocations, and that some states may have restrictions on the ways this degree can be utilized in the marketplace.

The primary purposes of this degree are to help strengthen my walk with God, and to help in equipping me for Christian ministry, specifically to become a Spirit-anointed leader.

Although Christian Leadership University may help in pointing me to job location services, I am the one responsible to locate any job in my future. I understand it is wise and prudent for me to check with those who are working in the field(s) I desire to work in when I graduate in order to ensure that the path I am on will be acceptable for the specific kind of job or ministry I am pursuing.

I am fully aware that this is a Christian based ministry, which believes the Bible is the Word of God and that the Bible is the authority upon which my spiritual growth and training will be based.

I declare that I am enrolling in Christian Leadership University willingly and of my own free will.

I understand that during these courses I will be confronting my inner feelings and emotions, which could cause emotional pain as I press on in spiritual growth.

# R e l e a s e

I, \_\_\_\_\_, in consideration of the training to be provided, and being of age of majority, do hereby release Christian Leadership University, its instructors, professors, directors, officers, and representatives from any and all claims, causes of actions, suits and actions arising out of or in any way connected with the training provided by Christian Leadership University, its instructors, professors, directors, officers, or representatives and I further agree to indemnify the aforementioned from any and all claims including cost, as a result of any proceeding initiated or commenced whereby any of the aforementioned persons are named to such an extent as the proceedings relate to training provided to myself.

I have read the Acknowledgment & Release carefully and have had the opportunity to seek counsel in advance of signing this form.

Signature of Applicant \_\_\_\_\_

YOUR SIGNATURE MUST BE WITNESSED, INCLUDING NAME & ADDRESS

**NOT A FAMILY MEMBER, CLU INSTRUCTOR OR STAFF**

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Return to:** Christian Leadership University, 5818 NW Conus Court, Port Saint Lucie, FL 34986