



Kentucky Christian University

Application for Re-Admission

100 Academic Parkway • Grayson, Kentucky 41143-2205 • 800-522-3181 • knights@kcu.edu • www.kcu.edu

(Please Print)

Name _____ ID# _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____

Email: _____

Name of Parent(s)/Guardian _____

Address _____

City _____ State _____ Zip _____

Please indicate relationship _____

Phone Number (_____) _____

What semester did you last attend KCU? ☐ Fall ☐ Spring Year _____

Have you attended another college since you were at KCU? ____ Yes ____ No

If yes, list all institutions: _____

(Send college transcripts to KCU Admissions, Box 2021, 100 Academic Parkway, Grayson, Kentucky 41143)

Do you agree to abide by the regulations of the University? ____ Yes ____ No

Can you meet financial requirements outlined in the KCU Catalog? ____ Yes ____ No

Will you need financial aid? ____ Yes ____ No

What type of housing will you need on campus? ____ Dorm ____ Apartment ____ None

When do you plan to re-enter KCU? ☐ Fall (Year _____) ☐ Spring (Year _____)

Signature _____ Date _____

Indicate area of concentration by writing Major, Minor or Focus in front of the appropriate program listing:

____ Advanced Biblical Studies
____ Bible and Ministry

Focus In:

____ Preaching
____ Youth and Family
____ Christian Leadership
____ Missions
____ Camp Management
____ Small Group Ministry

____ Biology/Pre-Professional

____ Medicine
____ Pharmacy
____ Law
____ Veterinary Medicine
____ Dentistry
____ Physical Therapy

____ Business Administration

Focus In:

____ Accounting
____ Management
____ Sport Management
____ Counseling Psychology
____ History/Pre-Law
____ Humanities
____ Music Business

Focus In:

____ Audio Technology
____ Music Performance
____ Nursing
____ Social Work
____ Teacher Education Primary (K - Grade 5)
____ Teacher Education Middle School (Grades 5-9)
____ Teacher Education Secondary English (Grades 8-12)
____ Teacher Education Secondary Social Studies (Grades 8-12)
____ Teacher Education Secondary Mathematics (Grades 8-12)
____ University Studies
____ Worship

OFFICE USE ONLY

Transcripts Received ____ Yes ____ No ____ N/A

Student Life Approval ____ Yes ____ No
Date and Initials _____

Business Office Approval ____ Yes ____ No
Date and Initials _____

Academic Office Approval ____ Yes ____ No
Date and Initials _____

Last semester gpa _____ Cumulative gpa _____

____ Approved ____ Denied

Signature _____ Date _____