Regents University Application Form

Please complete all sections of this application form. Incomplete applications may delay processing.

Applicant Information

Full Name:	_____
Date of Birth:	_____
Address:	_____
City, State, Zip:	_____
Phone Number:	_____
Email Address:	_____

Academic Information

Program Applying For:	_____
Highest Level of Education Completed:	_____
Previous Institution Attended:	_____

Faith / Personal Statement

Please provide a brief testimony of your faith journey and your reason for applying to Regents University:

_____

_____

_____

Applicant Signature:	_____	Date:	_____