



# Covenant University

## SATELLITE TEACHING CAMPUS APPLICATION

**IMPORTANT:** Please PRINT or TYPE. ANSWER ALL QUESTIONS. Applications will not be processed unless all questions are answered and the application signed and dated by applicant. Do not leave any question blank. Put "N/A" if an item, such as a FAX number or email address, does not apply.

### Church/Ministry Information:

CHURCH/MINISTRY NAME:			
MAILING ADDRESS:		CITY:	
STATE/PROVINCE:	ZIP CODE:	COUNTRY:	
PHONE #:	FAX #:	EMAIL ADDRESS:	
CHURCH DENOMINATION / FELLOWSHIP:			
YEAR MINISTRY / CHURCH WAS ESTABLISHED:		DO YOU: OWN <input type="radio"/> LEASE <input type="radio"/>	

### Personal Information:

<input type="radio"/> MR <input type="radio"/> MS <input type="radio"/> MRS <input type="radio"/> MISS <input type="radio"/> DR <input type="radio"/> REV	LAST NAME:	FIRST NAME:	
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
	CELL NUMBER:	EMAIL ADDRESS:	

### *Covenant University (CU)*

Covenant University (CU) is a Full Gospel Christian College offering undergraduate and graduate programs in ministerial academics. We are committed to helping you reach your educational and ministerial goals in an affordable and convenient manner. Whether you are beginning or continuing your education, CU offers what you need in a Biblically-founded, Christian atmosphere.

### *Non-Discrimination Policy*

Covenant University does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students.

### *Accreditation*

Covenant University is a "Non-Governmental" Religious School that enjoys accreditation with **Transworld Accrediting Commission International (TACI)**. For more information you may access their web-site by visiting [www.transworldaccrediting.com](http://www.transworldaccrediting.com)



# CU Satellite Teaching Campus Application

## Signature Page

### ***Affidavit of Agreement: Please Read Carefully BEFORE Signing***

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application and or the revoking of the campus charter.
2. I certify by my signature that I agree to abide by the policies of this institution. I understand that failure to abide by the policies of this institution is grounds for the revoking of the campus charter.
3. I certify by my signature that I will only use CU approved course materials, forms, catalog, and all material associated with CBCS only as a CU Satellite Teaching Campus. I understand that any misuse or altering of CU material, forms, etc. is prohibited.
4. I certify by my signature that if I am approved for a campus charter, and begin classes, that I am entering into a "Non-Compete Agreement" with CU. I understand that in the event of my departure from CU that I will not begin another school within 60 miles of my current location and/or facilitate distance learning from a competitor for a minimum of 5 years.
5. I certify by my signature that all fees, reports, and forms will be submitted in a timely manner each month. I understand that failure of timely submission is grounds for the revoking of the campus charter.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

### **NOTORIZATION**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
SWORN TO OR AFFIRMED before me this \_\_\_\_\_ (day) of \_\_\_\_\_, (month) 20 \_\_\_\_\_.

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
List type of Identification \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

Print Name of Notary: \_\_\_\_\_



Notary Seal

**Attach a check for \$350 made payable to: CBCS**  
*Please remit to: CBCS, 14851 State Rd. 52,  
Suite 107-424, Hudson, FL 34669*

### **Office Use Only**

Approved \_\_\_\_\_

Office Signature: \_\_\_\_\_

Denied \_\_\_\_\_

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