



HORIZON INSTITUTE

www.Huniv.org

1216 Menlo Ave #202 Los Angeles, CA 90006 Tel:213-736-5000 Fax:213-736-5115

Thank you for your interest in Horizon Institute. Please read carefully and answer all questions.

APPLICATION FORM

Name: _____ Gender: Male Female
Last First Middle

Home Phone: _____ Cell Phone: _____

Email Address: _____ DOB: _____ Month _____ Day _____ Year

Country of Citizenship: _____ Visa Status: _____

Marital Status: Single Married

Ethnic Origin: Asian Native American African American Hispanic Caucasian Other

PLACE OF RESIDENCY

(Completion Required)

U.S. Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Foreign Address: _____ City: _____ Country: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Last First Middle

Home Phone: _____ Cell Phone: _____

ACADEMIC INFORMATION

High School _____ Date Graduated _____ Date GED Passed _____

Please list all other schools attended beyond high school

Name of School	City, State, Country	Credits Earned	Degree/Diploma Earned
1.			
2.			

ENROLLMENT INFORMATION

Degree Program: Please check one

Bachelor

- Christian Counseling
- Theology

Master

- Christian Counseling
- Theology
- Divinity

Doctorate

- Christian Counseling
- Theology

Starting Quarter: Please check one

- Spring
- Summer
- Fall
- Winter

Application Fee(non refundable): \$100.00
 Annual Parking Pass Fee (non refundable): \$100
 Student ID Card Fee (non refundable): \$20
 Please enclose check or Money Order made payable Horizon Institute, Office of Admissions, 520 S. La Fayette Park Pl, Suite 411 Los Angeles, CA 90057

If accepted at Horizon, I agree to abide by the moral and educational standards of the Institute as defined in the Student Handbook. I certify that the answers in this application are true, Complete, and accurate to the best of my knowledge and belief.

Signature of Student

Date

Registrar's Signature

Date