



HORIZON INSTITUTE

www.Huniv.org

3251 W 6th St #301, Los Angeles, CA 90020 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: _____ **City of Birth:** _____

Country of Birth: _____ **Visa Status:** _____

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 Divinity

Starting Quarter: **Please check one**

Spring Summer Fall Winter

Application Fee (non refundable): \$100.00
Student ID Card Fee (non refundable): \$20

Please enclose check or Money Order made payable Horizon Institute. Office of Admissions, 3251 W 6th St #301, Los Angeles, CA 90020

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