

NAME: _____



DATE: _____

KINGDOM UNIVERSITY STUDENT APPLICATION 2024

Select Year, Program and Attendance Type:

Year 1
 Year 2
 Year 3
 Year 4
 Degree [or]
 Non-Degree
 In Person [or]
 Online

Spouse: Select Year, Program and Attendance Type: (If applying for Married discount)

Year 1
 Year 2
 Year 3
 Year 4
 Degree [or]
 Non-Degree
 In Person [or]
 Online

Notes

- All 1st year students are automatically enrolled in the College of Kingdom Studies
- Application Fee is required and due with the application
- Tuition includes an annual \$250 Tech Fee per student
- If paid in Lump Sum, a 10% discount is received
- Married Couple's receive 25% off of tuition

College Choice	Application Fee	Tuition & Tech Fee	Lump Sum 10% off	Couple's Tuition 25% off & Tech Fee
Kingdom Studies	\$50	\$1,590	<input type="checkbox"/> \$1,456	<input type="checkbox"/> \$2,510
Five-Fold Ministry	\$50	\$1,910	<input type="checkbox"/> \$1,744	<input type="checkbox"/> \$2,990
Business	\$75	\$3,020	<input type="checkbox"/> \$2,743	<input type="checkbox"/> \$4,655
Government	\$75	\$3,020	<input type="checkbox"/> \$2,743	<input type="checkbox"/> \$4,655
Counseling	\$75	\$2,340	<input type="checkbox"/> \$2,131	<input type="checkbox"/> N/A
Naturopathic Health	\$75	\$2,340	<input type="checkbox"/> \$2,131	<input type="checkbox"/> N/A

First Name _____ **Last Name** _____ **Marital Status** _____

Address _____

City _____ **State, Zip Code** _____ **Phone Number** _____

Email Address _____

Applicant Gender _____ **Date of Birth** _____

Spouse Name _____ **Spouse Email Address** _____

Is your spouse also enrolled this year? Yes or No If yes, what college? _____



NAME: _____



DATE: _____

Yearly Commitment: By checking the box and signing below, I/we understand and agree that if I/we withdraw from Kingdom University at any time, that I/we still have an obligation to complete payment of Tuition + Fees.

Applicant Signature: _____ Date: _____

Amount: \$ _____

Payment Type:

- Credit Card # _____
Security Code _____ Exp Date: MM/YYYY _____
- Cash _____
- Check # _____

*Please mail the application and fee to: Kingdom University, 1113 Murfreesboro Rd
Ste 106-222, Franklin, TN 37064*

Application submission does not guarantee enrollment

For KU Office Use Only:

Date Application Received: _____

Received by: _____

Applicant Accepted Date: _____

Notes:

