



Personal Information Questionnaire
Resident Students Only

Name of Applicant Social Security Number
Program of study Proposed date of entry: Fall Spring Year
Name of parent or nearest relative Phone:
Address
How do you plan to finance your graduate education

Please answer the following questions:

- Yes No Have you used alcohol, tobacco, or non-medical drugs with the past 12 months?
Yes No Are you familiar with Liberty's policy concerning drugs, alcohol, and tobacco consumption?
Yes No Have you ever been convicted of a felony or misdemeanor?

Church Affiliation (Seminary applicants only):

Are you presently a member of a church? Yes No Denomination
Mailing address of present church:
Pastor's Name:
How long have you been attending?

Conversion and Christian Growth

-Do you know Christ as your personal savior?
-Briefly explain the scriptural and experiential basis for your salvation:
(back, if needed)
-Describe your past and present involvement in Christian Service:
(back, if needed)

Mail this form to:
Office of Resident Graduate Admissions - Liberty University - 1971 University Blvd.
Lynchburg, VA. 24502
residentgraduate@liberty.edu -www.liberty.edu/graduate
1-800-543-5317 option 2
Or Fax to: 434-522-0430