



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 within 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 , email or fax this form to:

OFFICE OF RESIDENT GRADUATE ADMISSIONS - LIBERTY UNIVERSITY - 1971
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