

PLEASE TYPE OR PRINT CLEARLY USING THE SPACE PROVIDED:

Personal Information (Required):

First Name:	Middle Name:	Last Name:
Postal Address:		
City:	State/Province:	ZIP (or Country if not US/Canada):
Phone (Daytime):	Phone (Evening):	E-mail Address:
Fax:	Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

DESIRED DEGREE PROGRAM (Check both boxes, degree and program emphasis):

UNDERGRADUATE PROGRAMS:

- Associate of Arts in Ministry
- Bachelor of Arts in Christian Studies (Academic Track)
- Bachelor of Ministry (Professional Track)

GRADUATE PROGRAMS:

- Master of Theological Studies (M.T.S.)
- M.T.S. in Pastoral Care
- Master Arts (M.A.)
- Master of Divinity
- Doctor of Ministry

PROGRAM EMPHASIS:

METHOD OF STUDY:

Bachelor's Completion Only:

- Theology
- Christian Counseling
- Christian Education
- Leadership

Master of Arts Only:

- Christian Education
- Leadership
- Christian Counseling

AVAILABLE STUDY METHODS:

- Correspondence (submit by postal mail)
- Online Learning (submit online)

ADDITIONAL PERSONAL INFORMATION:

1. Marital Status: Single Married Widowed Divorced

2. Military Service: Yes No

Dates of Service _____ - _____

Active Reserve: Yes No Branch: _____

3. Are you a active member in your Church? Yes No

4. Do you serve in a ministry position? Yes No

Position: _____

Name of church you attend:

City/State:

Pastor's Name:

Pastor's Phone:
