



REGISTRATION FORM

PLEASE PRINT ALL REQUESTED INFORMATION LEGIBLY.

FIRST NAME:	MIDDLE NAME:	LAST NAME:	DATE OF BIRTH:
PHYSICAL ADDRESS		City:	State: Zip Code:
HOME PHONE:	CELLULAR PHONE:	E-MAIL ADDRESS:	

EMERGENCY CONTACT INFORMATION:

FIRST NAME:	LAST NAME:		
HOME PHONE:	CELLULAR PHONE:	OTHER:	

ACADEMIC INFORMATION:

HIGH SCHOOL:

NAME HIGH SCHOOL:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
HIGHEST GRADE LEVEL COMPLETED (<i>CHECK ONE</i>): <input type="checkbox"/> 9 TH <input type="checkbox"/> 10 TH <input type="checkbox"/> 11 TH <input type="checkbox"/> 12 TH	CERTIFICATE: <input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> OTHER	YEAR GRADUATED:	

COLLEGE:

NAME OF COLLEGE OR UNIVERSITY:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
DEGREE(S) <i>LIST ABBREVIATION(S) BELOW:</i>	CERTIFICATE (<i>PLEASE SPECIFY</i>): <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER	YEAR GRADUATED:	

GRADUATE SCHOOL:

NAME OF COLLEGE:		COURSE OF STUDY:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
DOCTORAL / MASTER'S PROGRAM (<i>CIRCLE HECK ONE</i>): <input type="checkbox"/> COMPLETED <input type="checkbox"/> ATTENDEE <input type="checkbox"/> APPLICANT	CERTIFICATE: <input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER	YEAR GRADUATED:	

SEMINARY:

NAME OF SEMINARY:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
DEGREE(S): (LIST ABBREVIATION(S) BELOW)	CERTIFICATE (PLEASE SPECIFY): <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER	YEAR GRADUATED:	

PAYMENT INFORMATION:

METHOD OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER
COURSE OFFERINGS: TERM 1 – 2017 (SEPTEMBER 11TH – NOVEMBER 5TH) <input type="checkbox"/> PRAYING WITH POWER <input type="checkbox"/> CHRISTIAN LIVING
TERM 2 – 2017 (NOVEMBER 6TH – JANUARY 21ST) <input type="checkbox"/> STARTING & LEADING A SMALL GROUP <input type="checkbox"/> SPIRITUAL WARFARE & DIVINE HEALING
TERM 3 – 2018 (JANUARY 22ND – MARCH 18TH) <input type="checkbox"/> EPISTLES OF PAUL, PART 1 <input type="checkbox"/> STUDY OF THE BOOK OF ACTS
TERM 4 – 2018 (MARCH 19TH – MAY 20TH) <input type="checkbox"/> STUDY OF THE BOOK OF 1 CORINTHIANS <input type="checkbox"/> PREPARING FOR CHRISTIAN MINISTRY

Student's Signature _____ Date: _____

****FOR OFFICIAL USE ONLY****

APPLICATION RECEIVED BY (PLEASE PRINT YOUR NAME):	DATE RECEIVED:	DATE FILED:
SIGNED BY:		DATE FILED:
CREDENTIALS RECEIVED BY (PLEASE PRINT YOUR NAME):	DATE RECEIVED:	DATE ISSUED:
SIGNED BY:		DATE ISSUED:
PREPARED:		DATE ISSUED: