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ADMISSIONS FORM

Admissions fee of \$100.00 (one time fee per diploma/degree) must accompany this form.

PLEASE PRINT!

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Occupation: _____ E-mail Address: _____

Social Security #: _____ Local Church: _____

I am interested in: Diploma of Christian Ministry Associates of Christian Ministry
 Bachelor of Christian Ministry Master of Christian Ministry

High School: _____ City: _____ State: _____

(Dates Attended) – From: _____ To: _____

Trade School: _____ City: _____ State: _____

(Dates Attended) – From: _____ To: _____

College: _____ City: _____ State: _____

(Dates Attended) – From: _____ To: _____ Degree Obtained: _____ Date: _____

College: _____ City: _____ State: _____

(Dates Attended) – From: _____ To: _____ Degree Obtained: _____ Date: _____

College: _____ City: _____ State: _____

(Dates Attended) – From: _____ To: _____ Degree Obtained: _____ Date: _____

Signature: _____ Date: _____