

PLEASE TYPE OR PRINT CLEARLY USING THE SPACE PROVIDED:

Personal Information (Required):		Resource Center #:	SSN OR NATIONAL ID #:
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):

<p>UNDERGRADUATE PROGRAMS:</p> <input type="checkbox"/> Certificate (Year 1) <input type="checkbox"/> Diploma (Year 2) <input type="checkbox"/> Advanced Diploma (Year 3) <input type="checkbox"/> Bachelor of Ministry (Professional Track)	<p><i>In cooperation with Vision International College Australia</i></p>	<p>GRADUATE PROGRAMS:</p> <input type="checkbox"/> Master of Theological Studies (M.T.S.) <input type="checkbox"/> Master Arts (M.A.) <input type="checkbox"/> Master of Divinity (M.Div.) <input type="checkbox"/> Doctor of Ministry (D.Min.)
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PROGRAM EMPHASIS:

METHOD OF STUDY:

<p>Bachelor's Completion Only:</p> <input type="checkbox"/> Theology <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Christian Education <input type="checkbox"/> Leadership <input type="checkbox"/> CIST - Apostolic/Prophetic <input type="checkbox"/> CIST - Business	<p>Master of Arts Only:</p> <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Christian Education <input type="checkbox"/> Leadership	<p>AVAILABLE STUDY METHODS:</p> <input type="checkbox"/> Correspondence/Distance Education <input type="checkbox"/> Online Learning <input type="checkbox"/> Participating Resource Center * <p><small>* PLEASE NOTE: If you chose "Resource Center" above, you must indicate your "Resource Center #" in the first section of the Application .</small></p>
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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: _____

