

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

PROGRAM EMPHASIS:

METHOD OF STUDY:

<p>Bachelor's Completion Only:</p> <p><input type="checkbox"/> Theology</p> <p><input type="checkbox"/> Christian Counseling</p> <p><input type="checkbox"/> Christian Education</p> <p><input type="checkbox"/> Leadership</p>	<p>Master of Arts Only:</p> <p><input type="checkbox"/> Christian Counseling</p> <p><input type="checkbox"/> Christian Education</p> <p><input type="checkbox"/> Leadership</p>	<p>AVAILABLE STUDY METHODS:</p> <p><input type="checkbox"/> Correspondence/Distance Education</p> <p><input type="checkbox"/> Online Learning</p> <p><input type="checkbox"/> Participating Resource Center *</p> <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>
--	--	--

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: _____

