

Vision International Education Network
Application for Admission

1115 D Street
 Ramona, CA 92065

Phone: 760.789.4700
 Fax: 760.789.3023
 Email: admissions@vision.edu

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 Arts in Christian Studies (Academic Track) <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.)
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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	<p>Master of Arts Only:</p> <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 * <small>* PLEASE NOTE: If you chose "Resource Center" above, you must indicate your "Resource Center #" in the first section of the Application .</small>
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ADDITIONAL PERSONAL INFORMATION:

<p>1. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced</p> <p>2. Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dates of Service: _____ - _____</p> <p>Active Reserve: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____</p> <p>3. Are you a active member in your Church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you serve in a ministry position? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Position: _____</p>	<p>Name of church you attend:</p> <p>_____</p> <p>_____</p> <p>City/State:</p> <p>_____</p> <p>Pastor's Name:</p> <p>_____</p> <p>Pastor's Phone:</p> <p>_____</p>
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