

PLEASE TYPE OR PRINT CLEARLY USING THE SPACE PROVIDED:

**Personal Information (Required):**

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):**

**UNDERGRADUATE PROGRAMS:**

- Associate of Arts in Ministry
- Bachelor of Arts in Christian Studies (Academic Track)
- Bachelor of Ministry (Professional Track)

**GRADUATE PROGRAMS:**

- Master of Theological Studies (M.T.S.)
- M.T.S. in Pastoral Care
- Master Arts (M.A.)
- Master of Divinity
- Doctor of Ministry

**PROGRAM EMPHASIS:**

**METHOD OF STUDY:**

**Bachelor's Completion Only:**

- Theology
- Christian Counseling
- Christian Education
- Leadership

**Master of Arts Only:**

- Christian Education
- Leadership
- Christian Counseling

**AVAILABLE STUDY METHODS:**

- Correspondence (submit by postal mail)
- Online Learning (submit online)

**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:

\_\_\_\_\_

