

PLEASE TYPE OR PRINT CLEARLY:

Personal Information (Required) SSN or National ID#: _____
 First Name: _____ Middle Name: _____ Last Name: _____
 Postal Address: _____
 City: _____ State/Province: _____ ZIP (or Country if not US/Canada): _____
 Phone#: _____ E-mail Address: _____
 Fax#: _____ Date of Birth: _____ Sex: Male Female

DESIRED DEGREE PROGRAM (Check both boxes, degree and program emphasis):

<u>Undergraduate Programs:</u> <input type="checkbox"/> Associate of Arts in Ministry <input type="checkbox"/> Bachelor of Arts in Christian Studies (Academic Track) <input type="checkbox"/> Bachelor of Ministry (Professional Track)	<u>Graduate Programs:</u> <input type="checkbox"/> Master of Theological Studies (M.T.S.) <input type="checkbox"/> M.T.S. in Pastoral Care & Counseling <input type="checkbox"/> M.T.S. in Christian Education <input type="checkbox"/> Master of Arts (M.A.) <input type="checkbox"/> Doctor of Ministry (D.Min.) <input type="checkbox"/> Ph.D. in Practical Theology
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PROGRAM EMPHASIS:

<u>Bachelor's Completion Only:</u> <input type="checkbox"/> Theology <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Christian Education <input type="checkbox"/> Christian Leadership	<u>Bachelor's Completion Only:</u> <input type="checkbox"/> Chaplaincy <input type="checkbox"/> Women's Ministry	<u>Master of Arts Only:</u> <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Christian Leadership
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ADDITIONAL PERSON INFORMATION:

Name of church you attend: _____
 Church Address: _____
 _____ Street Address
 _____ City _____ State _____ Zip Code
 Pastor' Name: _____ Pastor's Phone#: _____
 Are you an active member in your Church? Yes No
 Do you serve in a ministry position? Yes No Position: _____
 Military Service: Yes No Dates of Service: _____ to _____
 Active Reserve: Yes No Branch: _____

ACADEMIC HISTORY:

INSTITUTION & LOCATION	DEGREE/AWARD	MAJOR/CONCENTRATION	GRADUATION DATE

(Attach extra sheets as required)

MINISTERIAL ORDINATION/LICENSURE:

Check the appropriate box if you hold any one of the following: Licensed Ordained Lay Minister

Denomination/Ministerial Network or fellowship:
(include location):

OPTIONAL INFORMATION:

This information is requested for the purpose of reporting to the Federal Compliance Agencies in the United States of America only will not be used in determining admission status. Completion is voluntary.

Place of Birth: _____

Date of Birth: _____ **Marital Status:** Single Married Widowed Divorced

Sex: Male Female **Ethnic Origin:** Native American/Alaskan Black, non-hispanic Hispanic
 White, Non-Hispanic Other or unknown Pacific Islander

REFERENCES:

Please list the name and phone numbers of at least three (3) references. One must be from your local church. The other two can be from your workplace or friends.

#1 Name: _____ Phone# _____

#2 Name: _____ Phone# _____

#3 Name: _____ Phone# _____

\$50.00 USD APPLICATION FEE PAYMENT INFORMATION

Pay by Credit Card

Pay by Check or Money Order

Credit Card Number: _____

Exp.(mmyy): _____



I give the Vision International Education Network permission to contact any references listed above.

CVV: _____



Date: _____

Signature: _____