

CHRISTIAN MINISTRIES INSTITUTE

Admissions Application

ACADEMIC INTENT

Intended Certificate: Christian Workers Worship Ministry

PERSONAL INFORMATION (Please print or type)

Name _____
(Last) (First) (Middle)

Address _____
(Number and Street) (City) (State) (Zip)

Home Phone () _____ Work Phone () _____

E-mail Address _____ Occupation _____

Social Security Number _____ Country of Citizenship _____

Sex: Male Female Birth Date ____ / ____ / ____

Marital Status Single-Never Married Divorced Widowed Married Separated

ACADEMIC INFORMATION

High School Attended _____ Date of Graduation _____

Address _____
(Number and Street) (City) (State) (Zip)

If you are not a High School graduate have you completed the GED? Yes Score _____ No

Have you taken the ACT? Yes No Date _____ Scores: Verbal _____ Math _____ Composite _____

Have you taken the SAT? Yes No Date _____ Scores: English _____ Math _____ Composite _____

Please list in chronological order all colleges or institutions attended since graduation from High School.

Institution	City/State	Dates attended	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please complete other side)

Please submit a \$30.00 non-refundable fee payable to the Christian Ministries Institute Mail