



Certificate Request Form

Certificate in Christian Ministry Today's Date: _____ Student ID#: _____
 (One form per student. Please send all forms for the graduating students at one time.)

Only students who have **successfully completed** the First Level studies (Discipleship 1, Discipleship 2, Old Testament, and New Testament) **may apply** for the Certificate in Christian Ministry.

(Type or print legibly as you want it to appear on the certificate.)

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Student's First Name

Middle Name (Initial)

Last Name

Current Address: _____
Number Street City State Zip

Phone Number: *Primary:* _____ *Secondary:* _____

Email Address: _____ Date of birth: _____

CHURCH INFORMATION

Studied: in a Local Church Online

Church ID#: _____ Church Name: _____

City: _____ State: _____ Group Leader: _____

CERTIFICATION (To be completed by the Group Leader. Please leave it blank if you are an online student.)

The above named student has **successfully completed** the INSTE First Level Courses.

Group Leader's Signature: _____ Scheduled Local Graduation Date: _____

SHIPPING INFORMATION

Send Certificate to the following address:

(Church based students: Must be sent to leader's address or church address; Online students: Use your personal address)

Person/Church: _____

Address: _____
Number Street City State Zip

Email for shipping updates: _____

PAYMENT INFORMATION

The certificate fee is \$15 per student.

Credit Card Money Order # _____ Check # _____

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Exp. Date ___/___/___ CVS _____ Number: _____ - _____ - _____ - _____ Print Name: _____	Billing Address: _____ City, State, Zip: _____ Authorized Signature: _____
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Please send this request form to:

INSTE Bible College, Registrar
 2559 E Euclid Ave, Des Moines, Iowa 50317
Fax: (515) 289-9201 **Email:** registrar@inste.org

For Office Use Only

Sent:	Invoice#	Dated:	AMT\$
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