



## Application for Admission to the Certificate in Christian Ministry Program

### 1. PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Number Street City State Zip

Phone Number: *Primary:* \_\_\_\_\_ *Secondary:* \_\_\_\_\_

Email Address: \_\_\_\_\_ Your occupation/profession: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ ST: \_\_\_\_\_ Country: \_\_\_\_\_

Marital Status:  Single  Married (Spouse's Name: \_\_\_\_\_)  Widowed  Divorced

### 2. PREVIOUS ACADEMIC EXPERIENCE

Check the box of the highest level of education achieved:

- Not High School Graduate
- High School or GED
- Vocational School
- Some College
- College Degree—Undergraduate (2yr 4yr)
- College Degree—Graduate (Master Doctorate)

### 3. CHURCH BACKGROUND

Name of the church you presently attend: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Denomination: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

### 4. SPIRITUAL EXPERIENCE

Please give a brief description of your salvation experience:

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Why do you want to study INSTE?

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**Your pastor, church leader, or group leader must sign the back of this form.**

**This page must be completed and signed by your pastor, church leader, or group leader.**

Student's Name: \_\_\_\_\_

**Pastor or church leader:** please complete and sign the following.

This applicant (from page 1 of this application) fulfills the following requirements necessary for admission to INSTE and/or enrollment in the Certificate Program:

- Born again and shows signs of spiritual growth.....  Yes  No
- Faithful in attendance and service to the local church.....  Yes  No
- Will be at least 16 years old before beginning the course.....  Yes  No

*Students who are 14 or 15 years old may study as Special Audit students. A parent or guardian must submit a letter of approval which states that enrollment in this program will not be detrimental to the student's schooling. See the catalog for more information.*

- Ability to read and comprehend the INSTE courses.....  Yes  No

If you recommend this student for admission to the Certificate Program, please sign below:

\_\_\_\_\_  
Pastor or Church Leader's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor or Church Leader's Printed Name