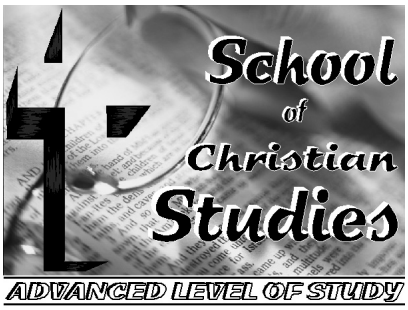
# Application for Admission

Date: _____




## School of Christian Studies
## Advanced Level of Study

**PROGRAM APPLYING FOR:**

_ 2-year Advanced Level of Study  _ Auditing Program Only (reduced rate applies)

**RETURN THIS APPLICATION WITH:**

A copy of your High School Diploma or G.E.D. Certificate (if applying for the two-year program).

## Personal Information:

**Name:** _____

(Last) (First) (Middle Initial)

**Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Phone:** **H/**_____ **O/**_____

**E-mail:** _____

**Present Church Membership:** _____

(Church) (City)

**If presently employed, please give your occupation:**

_____

**Social Security Number** _____–_____–_____

**Date of birth:** _____ (Month–Day–Year)

## Educational Information:

**List previous academic and professional training.**

| Name of school and location: | Dates of attendance | Degree received | Date Received or Expected |
|---|---|---|---|
| | | | |
| (List High School, City and State in above box.) | | | |
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| | | | |
| | | | |

## Future Course Suggestions:

**Please provide a list of classes you would like to see taught in the School of Christian Studies ADVANCED Level of Study.**

1.) _____

2.) _____

3.) _____

4.) _____

Please mail completed form to: School of Christian Studies ADVANCED, PO Box 1019, Parkersburg, WV 26102.
Completion of this form will add you to our mailing list to receive all correspondence related to the advanced level of study.