



REGISTRATION FORM
Office of Continuing Education and the Certificate Programs
Atlanta, Georgia

SECTION 1

Date: _____ New Student ___ Yes ___ No Site/Location _____

Please indicate the following by placing a check mark:

TITLE: Rev. _____ Dr. _____ Mr. _____ Mrs. _____ Ms. _____ Min. _____ Evang. _____
Minister _____ Layperson _____ Married _____ Single _____

EDUCATION: _____ Grade School _____ High School _____ College _____ Seminary

Have you completed any seminary training? Yes _____ No _____ Where? _____

Name of College/University _____ **Yr. Graduated** _____ **Degree** _____

SECTION 2

Email Address: _____ @ _____

Name: _____ Social Security #: _____ - _____ - _____

Address: _____ City/State/Zip: _____

Telephone Numbers: (Res.) _____ (Bus.) _____

Emergency Contact: _____ Telephone #: _____

Yrs. in Ministry: _____ Yrs. Pastoring: _____ Denomination: _____

SECTIONS 3 PLEASE NAME THE COURSE(S) YOU WILL TAKE THIS CLASS TERM:

1. _____ 2. _____

SECTION 4 PLEASE CHECK COURSES PREVIOUSLY TAKEN IN THE ITC CERT. PROGRAM

_____ Intro to New Testament _____ Intro to Christian Education
_____ Intro to Pastoral Care _____ Intro to Philosophy & Theology
_____ Intro to Church Administration _____ Intro to Old Testament/Hebrew Bible
_____ Intro to Church History & Polity _____ Intro to Preaching & Missiology
_____ Other (Please Specify): _____