



CBIS CERTIFICATE PROGRAM
APPLICATION & REGISTRATION

Name:			Date of Birth: / /	
First	Middle	Last		
Address:			Home No:	
City	State	Zip	Cell No:	
Email:				
How long have you been in ministry?			_____ <input type="checkbox"/> YR <input type="checkbox"/> MO	
Are you a Pastor, if not, what is your role in the church? <input type="checkbox"/> Y <input type="checkbox"/> N				
Church you attend or Pastor:				
What ministry positions have you held in the local church?				
Briefly describe your reasons for enrolling in this program:				
How did you hear about the school?				
Indicate your educational level:		<input type="checkbox"/> HS <input type="checkbox"/> 4-Yr College <input type="checkbox"/> Graduate <input type="checkbox"/> Other:		
Name & address of schools attended:				
Registration/Application Fee Included? <input type="checkbox"/> Y <input type="checkbox"/> N				

Submit all application materials to: Christian Bible Institute & Seminary
ATTN: Admissions, 15814 Champions Forest Dr #115, Spring, TX 77379