M.E.T.S.
Ministerial Enhancement Training Seminary
CCAF Campus, 1200 Brentnell Avenue ~ Cols. OH 43219

STUDENT APPLICATION FORM

PRINTED Name:_____/_____/_____
Last **First** **M.I.**

Street Address:_____

City/State/Zip:_____

Home Phone ( ) _____Work Phone ( ) _____

Cell Phone ( ) _____ E-mail:_____

Date of Birth:_____ **Sex: Male____ Female____ Last 4 Digits of SS#:_____**

CHURCH INFORMATION

Pastor's Name/Title:_____

Your church Name:_____

PREVIOUS EDUCATION

High School Graduate? _____ Yes _____No **GED? _____ Yes _____ No**

High School Name:_____

City/State:_____**Graduation Year**_____

College/University Name:_____

City/State:_____

Years Attended:_____**Degree Received:**_____

Signature:_____**Date:**_____

Please note:
The required One Time M.E.T.S. Student's Application Fee will be submitted and a copy of this form will be maintained in the M.E.T.S. office.

M.E.T.S.
Ministerial Enhancement Training Seminary
CCAF Campus, 1200 Brentnell Avenue ~ Cols. OH 43219

STUDENT REGISTRATION FORM

PRINTED Name:_____/_____/_____
Last First M.I.

Street Address:_____

City/State/Zip:_____

Home Phone ( ) _____Work Phone ( ) _____

Cell Phone ( ) _____ E-mail:_____

Date of Birth:_____ Sex: Male____ Female____ Last 4 Digits of SS#:_____

ENROLLMENT INFORMATION

Course Name:_____Course No.:_____

Course Name:_____Course No.:_____

Course Name:_____Course No.:_____

Signature:_____Date:_____

Please note:

The required Student's Reoccurring Registration Fee and a copy of this form will be submitted and. a copy of this application will be maintained in the M.E.T.S. office.

***

All students, including returning students, must complete a registration form each time he or she takes a course.