

Crossroads Enrollment Application

Please fill in all applicable information. Write above the line. This document will be a permanent part of your records so be as accurate as possible. Any false statements will result in immediate expulsion. **Records are Confidential**

PLEASE PRINT CLEARLY

NAME	MI	LAST	
ADDRESS	CITY	STATE	ZIP
COUNTRY CODE	PROVINCE	DATE OF BIRTH	
EMAIL ADDRESS	SECOND EMAIL ADDRESS		
SECOND ADDRESS			
(AREA CODE)	PHONE	(AREA CODE)	CELL EXT
SOC SEC NUMBER	(FOR TRANSCRIPT PURPOSES ONLY)		
High School Graduate		When	Where
Colleges Attended	Date	Where (Use Other Side of Paper if Necessary)	
Majors Studied	Honors Received	Date Received	
Acquired Credits	Grade Point Average		
Degrees Completed	Date of Completion		
Are you a US Citizen?		Do you have legal status to live in USA?	Visa
Are You Born Again? Are you Spirit filled? Please give date and explain. (use separate page if necessary)			
Program Interest Theology <input type="checkbox"/> Biblical St. <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Christian Education <input type="checkbox"/> Traditional Degrees <input type="checkbox"/> <input type="checkbox"/> Ministry Exp Degrees <input type="checkbox"/> Ordination <input type="checkbox"/> Pastoral-Counseling Certification <input type="checkbox"/> Chaplaincy Certification <input type="checkbox"/>			
If you are currently an Ordained or licensed Minister, please tell us the date and the Organization that Ordained you.			
If you are currently Ordained or Licensed through another Ministry or Church and wish to change your affiliation to Crossroads please explain the reason below.			

X	
Signature of Student	Date of Enrollment
X	
Please sign <u>above</u> with your initials if you have received and read the Student Handbook. Your Initials will be considered a legal signature for this purpose.	
Office Us Only-Accepted By:	Office Us Only- Please Do Not Write Below This Line
Date of Enrollment:	Program/s:
International- Yes No	Previous Ministry Experience: Yes No