

INTERNATIONAL SCHOOL of MINISTRY™

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DEGREE OPTION (Select One)

- | | |
|--|---|
| <input type="checkbox"/> A. Christian Leadership Univ. (Non-Gov. accredited) | <input type="checkbox"/> C. Vision Diploma (Australian Gov. Accredited) |
| <input type="checkbox"/> B. Covenant Theological Sem. (Non-Gov. accredited) | <input type="checkbox"/> D. Wagner Leadership Institute (Non-Gov. accredited) |

Full Name (as you would like it on degree): _____ SSN# (if applicable) _____

Address: _____ Sex: Male Female _____ Date of Birth: _____

City: _____ State~Province: _____ Zip~Postal Code: _____ Country: _____

Tel. Home: _____ Work: _____ Email: _____

GENERAL INFORMATION

Church/School Name: _____ Pastor's~Facilitator's Name _____

Address: _____ Tel: _____

City: _____ State~Province: _____ Zip~Postal Code: _____ Country: _____

ACADEMIC HISTORY

High School: _____ Graduated: _____

College: _____ Graduated: _____

Graduate School: _____ Graduated: _____

Professional: _____ Graduated: _____

REFERENCES

Name: _____ Relationship: _____

Address: _____ Tel: _____

City: _____ State~Province: _____ Zip~Postal Code: _____ Country: _____

Name: _____ Relationship: _____

Address: _____ Tel: _____

City: _____ State~Province: _____ Zip~Postal Code: _____ Country: _____

Name: _____ Relationship: _____

Address: _____ Tel: _____

City: _____ State~Province: _____ Zip~Postal Code: _____ Country: _____

I do not want to receive newsletter updates on what the ISOM is accomplishing worldwide.

Signature: _____

Date of first ISOM class: _____