Minnesota Graduate School of Theology Associate School Programs

Mailing AddressP. O. Box 29365
Brooklyn Center, MN 55429
(763) 560-9610

STUDENT APPLICATION FOR ADMISSION

Office Address Boulevard Plaza Office Condos 7054 Brooklyn Boulevard Brooklyn Center MN 55429

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Age Sex Ma (_ Best time to contact you Bu Present Employer Employer City	arital Status	No. of Depender () Home Phone	F	Date of Birth () Cell Phone Position	
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Present Employer Employer City	State		- Major Field:	Position	
Employer City		Zip	Major Field:		
		Zip	Major Field:	□ Bible Study Certific	
Formal Education Please attach copies of transcripts or have High School	(information muse them forwarded to the th	e Associate School of the	th exact dates e Minnesota Gradua	☐ Associate Degree ☐ Bachelors ☐ Masters ☐ Doctoral ☐ Ph.D Program	ntev)
				Graduation Date	
College/University Name City and State	Attendance From To	Major	Degree or No. of Credi	ts Other Awards	No. of Month Attended
Fechnical/Trade and Vocational Schools					
2	16				

Formal Educati	on (infori	nation m	ust be complet	e with exact dates	given on each e	ntry)
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College/University Name	Attend			Degree or		No. of Months
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Other Academic or Specialized Education						
Specialized Education			T			
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			7.0			
				nd Related Skill		
(moin		ginerani	iplete with exac	ct dates given on e	actentry)	
Other formal or informal ed	ducation a	nd accom	plishments			
On the Joh Training Comingra etc	Date Cor From	<u>nducted</u> To	Total Hours	What was		
On-the-Job Training Seminars, etc.	FIUII	10	Total Hours	Purpose of the l	rogram?	Awards
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					WAREHOUSE TO SEE THE TOTAL TO SEE THE SECOND	
Describe non-job-related learning ex	periences			The second secon		1
That you believe justify college credit						
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Describe any unusual life experiences	1					
	With the Agent of the Control of the					
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annes v			14 24 DAMESTON SERVICE SERVICES			
Describe any languages you speak, re-	ad, or				715340555	
write (other than English), and to who	at degree			- 400 CVA - 10 - 100 A Pro - 100 A VANO - 10		
					i.	

Describe any books, articles, or paten	ts nublished					
Describe any books, articles, or paten	w published					

		side of Job-Related Ski	lls		
Memberships in professional o	r trade associations	0.00 - 77.13			
Name of Organization	Active Years	Offices Held	Activity		
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Leadership role or offices held Name of Organization	in any civic, traternal	, religious, or political orga	nizations Activity		
Name of Organization	Active rears	Offices field	Activity		
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Awards, citations, or other reco	ognition of achieveme	Type of Award	Achievement		
Name of Organization	1 car	Type of Award	Acmevement		
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Experience as a speaker, instru What Occasion?	Date	Dacariba V	our Participation		
What Occasion:	Date	Describe 1	our ranticipation		
-					
List trade or professional publi	cations which you rea				
1.		4.			
2.			5.		
3.		6.	6.		
List Professional licenses or cer	rtificates held				
1.					
2.					
3.	3				
4.		_	-		

Military service					

Start with first job and progress in order to most current (last) job. Attach separate sheet, if necessary. Describe duties, responsibilities, number of employees you have supervised, etc. Life Learning Experience Evaluation requires in-depth detail descriptions of what you know, and the skills you have demonstrated in the performance of your occupation. Any five-year period for which credit is required should be amplified in detail on a separate sheet.

demonstrated in the perio	milance of your occupation. Any inversear period for which credit is in	equired should be ampinion in detail on a separate sheet.
From	Employer Name	Job Title
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То	Function & Responsibilities	
explained to my complete Minnesota Graduate Scho	n for admission to the Minnesota Graduate School of Theology. The satisfaction. I understand that all fees and tuition must be paid of Theology is a private seminary and college and that, as a studentary or may not transfer to the college of my choice.	l in full prior to graduation. I also understand that the
SO THE ONCE PROPERTY THAN A SECURITY	TRUTH STATEMENT	
I thereby certify and aff representation of informa	irm that all information and documentation is true and correct. tion or documentation will be sufficient grounds to nullifry and void	and acknowledge that deliberate talsification or mismy credit/degrees awarded or granted by this institution.
Applicant's signatu	re	Date
*** PLEASE INCL	UDE \$200 APPLICATION/REGISTRATION FEE AND	RECENT PHOTO WITH APPLICATION ***
Accepted		Date