

WAYLAND BAPTIST UNIVERSITY  
11550 IH 35 N.  
San Antonio, TX 78233  
210-590-5641

APPLICATION/ENROLLMENT FORM – CERTIFICATE OF CHRISTIAN MINISTRY

Please check one of the following:

- New student (attach \$ 25.00 registration fee and \$ 100.00 tuition)
- Returning student (attach \$ 100.00 tuition)

Date \_\_\_\_\_

Please print all information:

Name \_\_\_\_\_ Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

E-mail Address(es) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M \_\_\_\_ F \_\_\_\_

Term: Spring \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_ Winter \_\_\_\_, 20 \_\_\_\_

Course CM \_\_\_\_ Title: \_\_\_\_\_  
CM \_\_\_\_ Title: \_\_\_\_\_

RETURNING STUDENTS COMPLETE ONLY TO HERE

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EDUCATIONAL BACKGROUND

Years Elementary \_\_\_\_ Years High School \_\_\_\_ Location \_\_\_\_\_

Years College/Univ. \_\_\_\_ Name(s) and Location(s) \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

CHURCH BACKGROUND

Current Church Membership \_\_\_\_\_

Church Position(s) \_\_\_\_\_

PURPOSE FOR ENROLLING IN THIS PROGRAM: (Check one or more)

- Simply desire to know more about the Bible and ministry
- Sunday School teacher, deacon, or other church responsibilities
- In secular work, but willing to serve as a lay preacher or mission pastor
- Called by God to church ministry as
  - pastor
  - minister of education/Bible teacher
  - minister of youth
  - minister of children
  - other \_\_\_\_\_

(Complete on the back)

**REFERENCES:**

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**I affirm that the information in this application is accurate and complete to the best of my knowledge, and if admitted to the Certificate of Christian Ministry program, I agree to conduct myself in a Christian manner and to abide by the policies and regulations of the university.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**This application, with your tuition of \$ 100.00 and with a non-refundable \$ 25.00 application fee if you are a new student, should be returned to your course Facilitator who will forward it to Dr. Lewis E. Lee, Wayland Baptist University, 11550 IH 35 N., San Antonio, TX 78233.**