



**ASHLAND**  
THEOLOGICAL SEMINARY

## Certificate Program Enrollment Form

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**Enrollee Information:** Please be sure to print clearly and submit your completed form to Renee Johnson at [rjohns@ashland.edu](mailto:rjohns@ashland.edu) or fax to 419-289-5650.

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_____	_____	_____	(____) _____
Last Name	First Name	M.I.	Phone Number
_____			____/____/____
Permanent Street Address			Date of Birth
_____	_____	_____	_____
City	State	Zip	Email Address
Year you are requesting registration:		Education Level Completed:	
<input type="checkbox"/> Fall Semester	Year 20_____	<input type="checkbox"/> High School	<input type="checkbox"/> Bachelors
		<input type="checkbox"/> Masters	<input type="checkbox"/> Other _____

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**Certificate Selection:** Please select the certificate program of your choosing.

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- Certificate in Christian Care and Counseling**  
18 month certificate program designed to integrate Christian spiritual themes with practical methods in Christian care and counseling.  
·Available at Emerge Ministries
- Advanced Certificate: Thriving in Church Ministries**  
10 month certificate program designed exclusively for pastoral leadership.  
·Available at the Cleveland and Detroit Centers

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**Registration:** Please list the course(s) for your first semester registration.

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Subject:	Course Number:	Section:	Course Title:
_____	_____	_____	_____
_____		_____	
Signature		Date	

\*Please note: Completion of a certificate program does not guarantee admission into a master's or doctor of ministry program, should you choose to apply.