**Personal Data**

- Citizenship:
  - USA
  - Other (Specify)

- Race:
  - American/Alaskan Native
  - Asian
  - Black or African American
  - Hawaiian/Pacific Islander
  - White

- Ethnicity:
  - Hispanic/Latino
  - Non-Hispanic/Latino

- Birthdate (mm/dd/yy):

**Financial Information**

- Spouse Rate:
  - Yes
  - No

- VA Benefits:
  - Yes
  - No

- Scholarship:
  - Church
  - Seminary
  - Other

- Student Loan:
  - Yes
  - No

- Anticipated Graduation Date:
  (month/year)

**Degree Program**

- Graduate Diploma in
- M.A. in
- M.A. (Biblical/Historical/Theological Studies)
- M.A. in Counseling
- M.A. in Clinical Mental Health Counseling

- Master of Divinity
- Master of Divinity in Chaplaincy
- Pre-Doctor of Ministry

- Guest Student: Audit
- Credit

- If changing degree program, you must contact the Registrar’s Office.

**Regularly Scheduled Classes**

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<tr>
<th>SUBJECT</th>
<th>COURSE NUMBER</th>
<th>SECTION</th>
<th>CREDIT HRS</th>
<th>COURSE TITLE</th>
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**Directed/Independent Studies (Must be Approved)**

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Total Hours

Student’s Signature

Date Submitted