



Certificate Program Application

Applicant Information: Please be sure to print clearly and submit your completed form to Renee Johnson at rjohns@ashland.edu or fax to 419-289-5650.

Last Name First Name M.I. (____) _____
Phone Number

Permanent Street Address ____/____/_____
Date of Birth

City State Zip _____
Email Address

Year you are requesting admission: 20_____

Program Location: Cleveland Detroit Akron (Emerge Ministries)

Education Level Completed:

High School Bachelors Masters Other _____

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

Certificate in Black Church Studies (Cleveland, OH)

Certificate in Christian Care and Counseling (Akron, OH)

Certificate in Christian Ministry (Detroit, MI)

Advanced Certificate: Thriving in Church Ministries (Cleveland and Detroit)

Applicant 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.