



REGISTRATION FORM
ITC Office of the Certificate Program
Atlanta, Georgia



SECTION 1

Date: _____ New Student ___ Yes ___ No Site/Location _____

Please indicate the following by placing a check mark:

TITLE: Rev. ___ Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Min. ___ Evang. ___
Minister ___ Layperson ___ Married ___ Single ___

EDUCATION: ___ Grade School ___ High School ___ College ___ Seminary

Have you completed any seminary training? Yes ___ No ___ Where? _____

Name of College/University _____ **Yr. Graduated** _____ **Degree** _____

SECTION 2

Email Address: _____ @ _____

Name: _____ Social Security #: _____ - _____ - _____

Address: _____ City/State/Zip: _____

Telephone Numbers: (Res.) _____ (Bus.) _____

Emergency Contact: _____ Telephone #: _____

Yrs. in Ministry: _____ Yrs. Pastoring: _____ Denomination: _____

SECTIONS 3 PLEASE NAME THE COURSE(S) YOU WILL TAKE THIS CLASS TERM:

1. _____ 2. _____

SECTION 4 PLEASE CHECK COURSES PREVIOUSLY TAKEN IN THE ITC CERT. PROGRAM

| | |
|---|--|
| ____ Intro to New Testament | ____ Intro to Christian Education |
| ____ Intro to Pastoral Care | ____ Intro to Philosophy & Theology |
| ____ Intro to Church Administration | ____ Intro to Old Testament/Hebrew Bible |
| ____ History of the African American Church | ____ Intro to Preaching & Missiology |
| ____ Other (Please Specify): _____ | |