



CHAPLAINS COLLEGE

SCHOOL OF MINISTRY

West Coast Region School

Renewing Minds, Transforming Lives



UNDER GRADUATE AND GRADUATE PROGRAM APPLICATION FORM

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**DEGREE PROGRAM
APPLICATION FOR ENROLLMENT**

Please provide ALL requested information. This document will become a permanent part of the records. Any false statements will result in immediate expulsion. All student records are confidential, and the contents of a student record will not be released to any member of the public without the prior written consent of the student. **PLEASE PRINT CLEARLY.**

PERSONAL INFORMATION				
NAME			STUDENT ID	
	LAST	FIRST	MI	
HOME ADDRESS				
	STREET	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)				
	STREET	CITY	STATE	ZIP
PHONE 1			PHONE 2	
DATE/PLACE OF BIRTH			CITIZENSHIP	
SEX		MARITAL STATUS		
EDUCATIONAL BACKGROUND				
HIGH SCHOOL			DATE OF COMPLETION	DEGREES AWARDED
COLLEGE/BIBLE SCHOOL			DATE OF COMPLETION	DEGREES AWARDED
SEMINARY			DATE OF COMPLETION	DEGREES AWARDED
OTHER			DATE OF COMPLETION	DEGREES AWARDED
PERSONAL TESTIMONY				
I PUT MY FAITH IN JESUS CHRIST AND ACCEPTED HIM AS MY LORD AND SAVIOR ON				
			DATE OR YEAR	
PLEASE WRITE A BRIEF STATEMENT DESCRIBING HOW YOU CAME TO KNOW CHRIST.				

CHECK THE COURSE OF STUDY

- Associate Degree only
- Bachelor Ministry Degree
- Bachelor of Chaplaincy Degree
- Master of Christian Counseling
- Master of Theology
- Doctor of Theology
- Doctor of Ministry (Honorary)

- I have read the **CCSM Statement of Faith** and agree with the doctrinal framework it presents
- I have read the **Policies and Procedures** of CCSM, which includes the **Student Conduct Standards**, and agree to abide by its provisions
- I agree that failure to comply with the **Student Conduct Standards** could result in my immediate suspension or expulsion

SIGN _____ DATE _____