



Christian Life Educators Network

Missions Degree Program Application for Admission

Please enclose \$5 application fee with form.
Remember to fill out both sides of form.

Date Received by School ID

1. Personal Information

Please type or print in black ink.

Full Name: Last First Middle (Maiden)				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss				
Student Identification Number:		Mailing Address (Street):		
Date of Birth:		City, State, Zip, Country		
Home Phone ()	Work Phone: ()	Fax:	Email:	

2. School Information

School ID:		School Name:		
Mailing Address (Street):		City, State, and Zip		E-Mail
School Phone Number:	Director's Name:		Administrator's Name	

3. Educational Information

Are you a high school graduate? ☐ Yes ☐ No

If yes, name of high school and city where located: _____
(Please attach a copy of your high school diploma or transcript.)

If no, did you pass the GED? ☐ Yes ☐ No If yes, please attach a copy.

If you did not graduate from high school or pass the GED, please attach an "ability-to-benefit" request from your director to your application.

4. Method of Payment

Check Number (Payable to Christian Life Educators Network):		Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Credit Card Number	CCV	Credit Card Expiration Date:	
Name on Credit Card:		Cardholder's billing address	

CONTINUE ON REVERSE SIDE

For Office Use Only

Do not write below this line.

School	Amount Paid:	Check:	Date:
--------	--------------	--------	-------

—Over—