



IMMANUEL'S COLLEGE OF THE SPIRIT AND THE WORD CERTIFICATION APPLICATION

Name: _____
Address: _____
Email: _____

Date: _____
Home Phone: _____
Work Phone: _____

Program (Check One):

- Biblical Studies Christian Ministry

Student Records:

In the boxes below, please enter the corresponding number indicating the following:

- 0 = I have never taken this course
- 1 = I have attended classes in person at ICSW
- 3 = I have listened to the tape series for this course
- 4 = I have viewed this course or have taken classes on-line
- 5 = I have taken a course similar or greater in length on this subject

- A Firm Foundation
- Through the Bible
- Church History
- Current ICSW class being taught

Additional Courses:

- Discover Your Calling Life Group Training

Electives/Seminar(s) (Please list course name and date taken)

Please list and briefly describe any practical ministry experience at Immanuel's Church and include the dates of participation.

