



CHAPLAINS COLLEGE

SCHOOL OF GRADUATE STUDIES

UNDER GRADUATE AND GRADUATE PROGRAM

Renewing Minds, Transforming Lives



STUDENT APPLICATION FORM

Admin: 13061 Rosedale Hwy. G-141 | Bakersfield, CA 93314 | 888.627.5503
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**DEGREE PROGRAM
APPLICATION FOR ENROLLMENT**

Please provide ALL requested information including documentation of prior education. 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/GED _____ / _____ / _____
NAME ADDRESS DATE AWARDED

SEMINARY/COLLEGES/INSTITUTES

1) _____ / _____ / _____
NAME ADDRESS DATE AWARDED

2) _____ / _____ / _____
NAME ADDRESS DATE AWARDED

3) _____ / _____ / _____
NAME ADDRESS DATE AWARDED

4) _____ / _____ / _____
NAME ADDRESS DATE AWARDED

OTHER EDUCATION _____ / _____ / _____
NAME ADDRESS DATE AWARDED

IF AVAILABLE PROVIDE COPIES OF TRANSCRIPTS ISSUED BY OTHER COLLEGES AND SEMINARIES

COMPLETE A DOCTRINAL STATEMENT (3000 WORD MLA FORMAT) THAT ADDRESSES THE TOPIC S OF SALVATION, BAPTISM, HOLY SPIRIT AND THE TRINITY (TYPE WRITTEN ONLY)

PERSONAL TESTIMONY

I PUT MY FAITH IN JESUS CHRIST AND ACCEPTED HIM AS MY LORD AND SAVIOR ON _____
DATE OR YEAR

**DEGREE PROGRAM
APPLICATION FOR ENROLLMENT**

WHERE WERE YOU WHEN YOU ACCEPTED THE LORD?

PLEASE WRITE A BRIEF STATEMENT DESCRIBING HOW YOU CAME TO KNOW CHRIST.

IF NECESSARY USE ANOTHER PIECE OF PAPER

PLEASE READ CAREFULLY AND SIGN

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)
- Doctor of Philosophy in Counseling

- I have read the **CCSGS Statement of Faith** and agree with the doctrinal framework it presents
- I have read the **Policies and Procedures** of CCSGS, 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 _____