

# APPLICATION FOR ADMISSION

## Mid-Missouri Biblical Learning Center

\_\_\_\_\_ \$25 Application fee

\_\_\_\_\_ Application received

MMBLC OFFICE USE ONLY

### Personal Information:

Name \_\_\_\_\_  
Last First Middle (circle name preferred)

Current Mailing Address \_\_\_\_\_  
Street (Include complete apartment number or box number)

\_\_\_\_\_ City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ Cellular Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Birthdate \_\_\_\_\_

### Church Information:

Month and year of acceptance of Christ \_\_\_\_\_ Denomination \_\_\_\_\_

### Current Church Membership

\_\_\_\_\_ Church Name Pastor  
\_\_\_\_\_ Address City State Zip

Please check any of the following areas at your church where you are involved:

- Pastor       Sunday School Teacher       Member  
 Deacon       Staff \_\_\_\_\_

### MMBLC:

In what program will you be enrolling?

- Degree Program       Auditing for continuing education.

In what class(es) would you like to enroll?

\_\_\_\_\_  
(Course Title, Center Location, Days + Time)

\_\_\_\_\_  
(Course Title, Center Location, Days + Time)

Have you previously attended MMBLC Courses?     Yes     No

MBTS

## AUDITOR APPLICATION

Center Name & Location \_\_\_\_\_

Semester \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student Address \_\_\_\_\_

Telephone \_\_\_\_\_ Birth date \_\_\_\_\_

Marital Status \_\_\_\_\_ Nationality \_\_\_\_\_

Denomination \_\_\_\_\_

Enrolled in courses for credit?  Yes  No

Courses to be audited: (Give course number and course title)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state your purpose in auditing the course(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requirements: A one time \$25.00 registration fee and \$100.00 per class audited. Those auditing classes will not have an attendance requirement or be taking test. You will not receive diploma from Midwestern Seminary, but instead a certificate of completion.

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
CLD Center Director's Signature