KINGDOM LEADERS SEMINARY

P. O. Box 1002 AUSTELL, GA 30168 (770-608-0004)

Certificate Program Application for Admission

Date of Application _____

Name of Applicant: _____/ _____/ _ ----_____/ _____

(Title) **(Last)** **(First)** **(MI)**

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email _____

Date of Birth _____/_____/_____ Male _____ Female _____

Last four numbers of Social Security # _____

(GED / high school diploma <u>NOT</u> required)

Advanced Certificates		***GED or High School diploma NOT Required for Certificates***
		Certified Chaplain
		Certified Christian Education
		Certified Life Coach
Basic Certificate		
		Biblical Studies
		Christian Education
		Life Coaching
		Ministry
		Pastoral Ministry
		Prophetic Ministry (Deliverance Ministry)

I hereby state that all of the information on this application is true and accurate as unto the Lord as my witness. I hereby agree and understand that I will complete all course requirements and I will comply with all Restoration Theological Seminary Policies and Financial Commitments to **Kingdom Leaders Seminary** in pursuit of academic excellence.

Applicants' Signature _____ Date _____