

EMMANUEL CHRISTIAN INSTITUTE ENROLLMENT FORM

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

Church Name (if applicable) _____

Pastor's Name (if applicable) _____

Are you:

Lay Worker/Ministry

Licensed

Ordained

How did you hear about ECI? _____

Do you have a desire to attend seminary?

Yes

Attended already or are currently attending seminary

No

I would like to register for the following Academic Program:

Accelerated Biblical Studies (\$250/individual or \$1000 for church/group training
Academic Program I – Certificate in Theology and Biblical Studies (\$250 per
course)

Academic Program II – Diploma in Leadership and Pastoral Studies (\$250 per
course)

By checking the box below, I understand that upon registering in this program I
have made a commitment to pay the costs of each class in full and that no
CEUs will be issued until full payment is received.

I understand

Signature _____

Date _____

Please email a signed copy of this form to info@emmanuelchristianinstitute.org.