



## Certificate of Ministry Development Course Registration Form

ADULT AND GRADUATE STUDIES

### PERSONAL INFORMATION

Check one:

- Continuing Education Unit (CEU)
- Certificate of Ministry Development (CMD)

Name \_\_\_\_\_  
Title                      Last                      First                      MI

Street Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ MVNU Student ID#: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Nazarene \_\_\_\_\_ District \_\_\_\_\_ Other Affiliation \_\_\_\_\_

Have you previously attended classes at Mount Vernon Nazarene University? \_\_\_\_\_

*(For reporting purposes only)*  
 Church Affiliation \_\_\_\_\_ If Nazarene, district: \_\_\_\_\_  
 Racial/Ethnic Background (check one):

<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Hispanic	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Asian or Pacific Islander

Gender:  Female  Male  
 Marital Status (Circle one): Divorced Married Separated Single Widowed

*Please make payment arrangements through our Student Accounts Department.*

Course Number	Course Title	Dates

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN THIS REGISTRATION FORM TO:  
 ATTN: BEVERLEY BAILEY  
 MOUNT VERNON NAZARENE UNIVERSITY  
 800 MARTINSBURG ROAD  
 MOUNT VERNON, OHIO 43050  
 PHONE: 740-397-9000 EXT.4713 OR 1-800-839-2355 EXT. 4713