

CERTIFICATE OF MINISTRY PREPARATION Fall 2010 REGISTRATION FORM

Name: _____
(Title) (Last) (First) (Middle)

Student ID#: _____ Social Security #: _____

Address: _____

City: _____ State: _____ ZIP: _____

County of Residence: _____ Date of Birth: _____

Telephone: _____ Email: _____

Racial/Ethnic Background (*check one*): Nonresident Alien Black, Non-Hispanic
 American Indian or Alaskan Native Hispanic White, Non-Hispanic Asian or Pacific Islander
Gender: Female Male (*For government reporting purposes only*)

Church Affiliation: _____ If Nazarene, district _____

Course Number	Title	Location	Start Date

Cost: **\$129.00** per credit hour. Members of the Church of the Nazarene receive a discount. (Adjusted Price: **\$115.00**)

Method of Payment: _____ Self-pay _____ Church Check (*Make checks payable to MOUNT VERNON NAZARENE UNIVERSITY*)

Please include your check with this registration form.

Student's Signature _____ **Date** _____

Mail to:
Mount Vernon Nazarene University, Attention: Kathy Howell, 800 Martinsburg Road, Mount Vernon, OH 43050 or

Fax to: 740-397-2918, Attention: Kathy Howell.