

Course Registration Form
Master of Ministry Program

Phone: 740-392-6868 x4735 or 1-877-431-9610 x4735

PERSONAL INFORMATION

MVNU Student ID#: _____ Social Security No. _____

Name: _____

Title Last First MI

Street Address: _____ City: _____

State _____ Zip _____ County _____ Date of Birth: _____

Telephone: _____ Work Phone: _____ Email: _____

Have you previously attended classes at Mount Vernon Nazarene University? _____

(For reporting purposes only)

Church Affiliation _____ If Nazarene, district: _____

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

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

Course Number	Course Title	Dates

Choose one: Master of Ministry Credit Continuing Education Unit (CEU) Certificate of Ministry Development (CMD)

 Student's Signature

 Date

Please make payment arrangements through our Student Accounts Department.

PLEASE RETURN THIS REGISTRATION FORM TO:

ATTN: BEVERLEY BAILEY

MOUNT VERNON NAZARENE UNIVERSITY

800 MARTINSBURG ROAD • MOUNT VERNON, OHIO 43050 • FAX: 740-397-2918