

EMMANUEL CHRISTIAN LEADERSHIP AND TRAINING INSTITUTE, INC.

ENROLLMENT FORM

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

Preferred Email Address _____

Church Name (if applicable) _____

Pastor's Name (if applicable) _____

Are you:

- Lay Worker/Ministry
 Licensed
 Ordained

Educational Background (last Diploma or Degree Obtained)

How did you hear about ECLTI? _____

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/Course(s):

Academic Program I – Diploma in Theology and Biblical Studies
\$1050/\$175 per course (50% discount for spouses). Church groups of up to 10 people - \$5,250/\$525 per individual.

- Biblical Interpretation
- Old Testament Survey
- New Testament/The Story of Christianity
- Theology
- The Book of Revelation and Eschatology
- World Religions

Academic Program II – Diploma in Leadership and Pastoral Studies \$1050/\$175 per course (50% discount for spouses). Church groups of up to 10 people - \$5250/\$525 per individual.

- Biblical Interpretation
- Theology
- Homiletics/Public Speaking
- Leadership in the New Millennium
- Worship (OT, NT, and Today)
- Marriage and Family Counseling

Academic Program III– Diploma in Leadership and Ministerial Studies
\$1050/\$175 per course per individual (50% discount for spouses). Church groups of up to 10 people- \$5250/\$525 per individual.

- Biblical Interpretation
- Old Testament Survey
- New Testament/The Story of Christianity
- Public Speaking/Homiletics
- Leadership in the New Millennium
- Theology

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. Unless other financial arrangements have been approved by the ECLTI management, payment for each course is due no later than 30 days before the end of the semester.

I understand.

Signature _____

Date _____

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