

Vision International Education Network  
**Application for Admission**

1115 D Street  
 Ramona, CA 92065

Phone: 760.789.4700  
 Fax: 760.789.3023  
 Email: admissions@vision.edu

**PLEASE TYPE OR PRINT CLEARLY USING THE SPACE PROVIDED:**

<b>Personal Information (Required):</b>		Resource Center #:	SSN OR NATIONAL ID #:
First Name:	Middle Name:	Last Name:	
Postal Address:			
City:		State/Province:	ZIP (or Country if not US/Canada):
Phone (Daytime):	Phone (Evening):	E-mail Address:	
Fax:	Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

**DESIRED DEGREE PROGRAM (Check both boxes, degree and program emphasis):**

<p><b>UNDERGRADUATE PROGRAMS:</b></p> <input type="checkbox"/> Certificate (Year 1) <input type="checkbox"/> Diploma (Year 2) <input type="checkbox"/> Advanced Diploma (Year 3) <input type="checkbox"/> Bachelor of Ministry (B.Min)	<p><i>In cooperation with                  Vision Christian College Australia</i></p>	<p><b>GRADUATE PROGRAMS:</b></p> <input type="checkbox"/> Master of Theological Studies (M.T.S.) <input type="checkbox"/> Master of Divinity (M.Div.) <input type="checkbox"/> Doctor of Ministry in Leadership (D.Min.)
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**PROGRAM EMPHASIS:**

**METHOD OF STUDY:**

<p><b>Bachelors Only:</b></p> <input type="checkbox"/> Biblical Studies <input type="checkbox"/> Theology <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Christian Education <input type="checkbox"/> Leadership <input type="checkbox"/> Intercultural Studies	<p><b>Masters Only:</b></p> <input type="checkbox"/> Theology <input type="checkbox"/> Christian Counseling <input type="checkbox"/> Christian Education <input type="checkbox"/> Leadership	<p><b>AVAILABLE STUDY METHODS:</b></p> <input type="checkbox"/> Correspondence/Distance Education <input type="checkbox"/> Online Learning <input type="checkbox"/> Resource Center * <p><small>* PLEASE NOTE: If you chose "Resource Center" above, you must indicate your "Resource Center #" in the first section of the Application .</small></p>
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**ADDITIONAL PERSONAL INFORMATION:**

<p>1. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced</p> <p>2. Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dates of Service: _____ - _____</p> <p>Active Reserve: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____</p> <p>3. Are you a active member in your Church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you serve in a ministry position? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Position: _____</p>	<p>Name of church you attend:                  _____                  _____</p> <p>City/State:                  _____</p> <p>Pastor's Name:                  _____</p> <p>Pastor's Phone:                  _____</p>
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