

Application for Registration to the Colorado District Board of Ministerial Studies

Name: _____ Date: _____

Address: _____

Phone: (____) _____ E-mail: _____

Local Church: _____

Course of Study

- Elder
- Deacon [indicate track]
- Administration 9 Compassionate Ministries
- Chaplain Ministries 9 Music Ministries
- Christian Education 9 Youth Ministries
- Lay Ministry [admission into Directed Studies Level 1 only]

Ministerial License Information

Year of first Local Minister's License _____

Transferring from another District (Name of District): _____

Method of Preparation

- Nazarene Bible College
- College/University---- Name: _____
- Nazarene Theological Seminary

Directed Studies Program (valid only through 2005)

Reason for selecting this method: _____

Combination of Methods of Preparation

[please explain] _____

Local Pastor's Approval: _____ Date: _____
(signed)

Mail to:

Colorado District
Studies Committee
12021 Pennsylvania Street #206
Thornton CO 80241

E-Mail to: Conazarene@conazarene.org

More information:

720.977.9066.x21
Jchristy@conazarene.org