

# Application for Registration to the Course of Study

Colorado District Ministry Board

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Local Church: \_\_\_\_\_

## Course of Study

Elder

Deacon [indicate emphasis] \_\_\_\_\_

Lay Ministry [indicate emphasis] \_\_\_\_\_

## Ministerial License Information

Year of first Local Minister's License \_\_\_\_\_

Transferring from another District (Name of District): \_\_\_\_\_

A High School Diploma or GED is required to begin the Course of Study

Which do you possess?                      High School Diploma                      GED

## Method of Preparation

Nazarene Bible College

College/University---- Name: \_\_\_\_\_

Nazarene Theological Seminary

District Training Center

Reason for selecting this method: \_\_\_\_\_

Combination of Methods of Preparation

[please explain] \_\_\_\_\_

\_\_\_\_\_

Local Pastor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

(signed)

## Mail to:

Colorado District Office  
Church of the Nazarene  
12021 Pennsylvania Street #206  
Thornton, CO 80241

## More information:

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