

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
PO Box 76570
Colorado Springs, CO 80970

More information:

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