TELEO UNIVERSITY APPLICATION FOR ADMISSION

Please complete this application online or submit the printed application through your T-Net Training Center

PERSONAL INFORMATION			
Name:First/Given	Middle Name(s)	Last/Family/Surname	Former/Maiden Name
Street:		City:	
State/Province:		Postal Code:	Country:
Home Phone:		Cell Phone:	
Email:		<u> </u>	
Date of Birth:// Month / Day /	Year Male Female	Marital Status: ☐ Single ☐	☐ Married
Ethnic Background: Select on	e or more of the following races that best of	describes you (for government	reporting, not for making admissions decisions)
American Indian or Alaskan Nativ	ve Asian Black or African American	☐ Hispanic/Latino ☐ Native	e Hawaiian or Other Pacific Islander ☐ White
	which language(s) you are proficient in rea		,
☐ English ☐ French ☐ Spani	ish ☐ Portuguese ☐ Chinese ☐ Hindi	☐ Other:	
PROGRAM INTEREST			
Please check the desired study	program (*NOTE: these programs are pre	requisites for the DMin, MMin, a	and Advanced Diploma in Church Growth):
	try (BPM): International Students res 30 additional general studies credits) ry	☐ Certificate of Pastoral M☐ Diploma in Christian M☐ Certificate in Christian	inistry
MINISTRY INFORMATION			
Church Information: (Students	s must be active in ministry and authorized	to implement assignments with	nin a local church)
Please check the Ministry Pos	sition that best describes your role in the	local church:	
☐ Senior Pastor ☐ Associate	e/Assistant Pastor Church Planter E	Elder/Church Leader ☐ Pastor	r's Spouse Bishop/Denominational Leader
I have the authorization to imp	plement assignments within the following	local church:	0
Church Name:		Denomination/Network/Indep	endent:
Street:		City:	
State/Province:		_Postal Code:	Country:
Email:		_Phone:	
Describe your responsibilities: _			
EDUCATIONAL BACKGRO	DUND		
Please list all secondary school School Name	s/colleges/universities attended. Please su City, State, Country	bmit an official transcript fron Dates Attended/Grad	

ADDITIONAL INFORMATION

Required Rcommendations: (Provide the names and email add. Download the recommendation forms at www.teleouniversity.org/				mmendation Form.
T-Net Training Center Study Group Facilitator's Name:	•	•		
Training Center #/Name:	Trainer/Facilitator's Email:			
City:	State/Province:		_Country:	
2. Personal Reference: (Name)		Description:	\square Friend	☐ Family Member
☐ Co-worker ☐ Employer Email Address:				
3. Ministry Reference: (Name)		Description:	\square Bishop of	Denominational Leader
☐ Head Elder or Church Board Chairman ☐ Senior Pastor	☐ <i>Mentor Pastor</i> ☐ other local ch	urch leader ((describe)	
Email Address:				
YOUR TESTIMONY: (Briefly describe how you became a Chri	stian and how you came to feel called	d to ministry).	:	
ACKNOWLEDGMENTS				
☐ I have read the Statement of Faith for T-Net International an essential doctrines while associated with T-Net International.	nd affirm my agreement with it. I will re	espect, adhe	re to, and su	oport these
☐ Christian Service Requirement: T-Net International trains paraccepted and continue as a student, I must have authorization				I understand that to be
☐ I agree to abide by the school's policies and program requirement	·	·		egrity Policy.
I affirm that the information submitted in this application is corrematerials may result in rejection of my application or dismissal		nisrepresentir	ng required a	pplication
 I authorize any schools or colleges that I have previously attended. Teleo University Admissions Office. 	ded to release my academic record a	nd related ma	aterials as re	quired by the
☐ I acknowledge that I must submit a \$50.00 non-refundable fee	e before my application, transcripts, a	nd reference	s will be prod	cessed.
Signature:		Date	:/_ Month /	Day / Year

Nondiscrimination Policy: T-Net International, in its employment, educational, and admissions policies, does not discriminate by race, color, gender, nationality, age, disability, or ethnic origin.